# TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained with the hospital ar attending physician. TO FUNERAL DIRECTA: After this certificate has been signed by the attending physician and completely filled in by the regal director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon pages? Pages 1 and 2 shauld be filled with the registrar prior to burial, cremation, or remayal, and in any event wighin 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

01990

1	2019	QEIXIII 197	(1E O1 PE) (111	Reg	. Dist. No.
Ī	1. PLACE OF DEATH			deceased lived. If Institutions Res	idence before admission)
1	MONTGOMERY	MARYLAND	O. STATE ARYLA	AND P. COUNTY	ONTGOMERY
	b. CITY OR TOWN (If outside corporate limits, write c. LI RURAL and give nearest town)	ENGTH OF STAY IN 16	c. CITY OR TOWN (If outs	ide corporate limits, write RURAL o	and give nearest town)
1	RETHESDA 3	10 DAYS	DETHES	SDA	
	d. NAME OF HOSPITAL (If not in hospital, give street addre OR INSTITUTION HOS	PITAL	d. STREET ADDRESS  5614 OA	K PLACE	e. IS RESIDENCE ON A FARM? YES NO
ł	3. NAME OF First	Middle		DATE Month	
	DECEASED (Type or print) WINBER	en c.	ADCOCK	OF DEATH 2	17 19 59
	S. SEX  6. COLOR OR RACE  7. MARRIED  WIDOWED  WIDOWED	J. HEVER MARKED	8. DATE OF BIRTH  44-1-78	9. AGE (In years lost birthday) yrs.	IDER 1 YEAR IF UNDER 24 HRS. This Days Hours Min.
ı	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND	OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stole or		CITIZEN OF WHAT COUNTRY
ı	during most of working life, even if retired)		TONN		U.S.A.
Ì	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	ME	
l	William Adcoc	K	NANNIE	PARRI	SH
ı	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCI.  18. No or unknown)  18. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCI.  19. No or unknown)  19. No or unknown)	AL SECURITY NO. 17. H	SON: 13	N. AdcackAddress	Ed. Baeto 7
Ì	B. CAUSE OF DEATH [Enter only one couse per line for	(o), (b), and (c).]	VVIV E		INTERVAL BETWEEN
l	PART I. DEATH WAS CAUSED BY:	Eml Tems	anis		ONSET AND DEATH
I	IMMEDIATE CAUSE (6) LEVIL	· · · · · · · · · · · · · · · · · · ·			7,000
l	Conditions if any orbits	Presidente			()
I	gave rise to immediate	VONCE SOUND			0
I	couse (a), stating the under-				
l		RIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINA	AL DISEASE CONDITION GIVEN IN	PART 1(a) 19. WAS AUTOPSY PERFORMED?
l	CAT				YES NOTE
	PART II. OTHER SIGNIFICANT CONDITIONS CONTI	HOW INJURY OCCURRED	D. (Enter noture of injury in Por	t I or Part II of item 18.)	
	3 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY		ACE OF INJURY (Home, form,	20f. (City or town)	(County) (Stote)
		Not while of work	ctory, street, office bldg., etc.)		
1		7	1052	els 1069 "	A P I A 4b - 3
1	21. I certify that I attended the deceased for		1000, 10		t I last saw the decease
I	alive on 0 0 1 7 , 198 7	,-, and inor death		M, from the causes and a press (Street, city of town.) state)	in trie date stated above
	ACTUAL ON ONE	num	us FOIC &	remeter land	2/17/0
	SIGNATURE		m.u.	)	
	PHYSICIAN'S LEG I O	ONUVAN	M (	Delhesh 14	Mo
	BEMOVAL (Speciful - 1- 1-1	NAME OF CEMETERY O		2d. LOCATION (City, town, or coul	nty) (Stote)
	burial 2/20/59 G	lenwood Ce	emetery		D.C.
	23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		BY REGISTRAR 246. REGISTRAR	
	144 Thuras Ca	901145	NW DATE FEB	Christian	S. Kraus

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OR	may be retained by the haspital or attending physician.  TO FUNERAL DIRECTOR RESEAUTION After this certificate has been signed by the attending physician and campage 3 should be concluded for use as the burial-transit permit. Then please remove carbon papes the registrar prior to burial, cremation, ar remayal, and in any event within 72 hours after death.	
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		20	19	C	EKIIFIC	AI	E OF DEATE	l .		Reg.	Dist. No	).	
o. C(	ounty ontgomer	y			MARYLAND		usual residence (Who o. STATE Maryland	iere decease	b. COUNT				sion)
	ITY OR TOWN (IF	autside carparate lim	its, write	c. LENGTH C	OF STAY IN 16		c. CITY OR TOWN (If a	utside corp	orate limits, write	RURAL on	d give ne	arest taw	n)
1 -	ethesda			116	days		West Hyatt	svill	.0	16	15.1	2:	
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3. NAN	AE OF	Fi			Middle		Lost	4. DATE		onth	D	ру	Year
	EASED e or print)	Dan	iel	1	Michael		Alexander	DEATH	Febr	uary			19 59
5. SEX		6. COLOR OR RACE	7. MARI	RIED   NEVER	MARRIED 🔯	8. D	ATE OF BIRTH		9. AGE (In year	IF UND	_		ER 24 HRS.
Ma	ale	White	WIDOW	ED D	OVORCED [	Ma	rch 2. 1950	)	last birthday)		Days	Hours	Min.
10o. US	UAL OCCUPATIO	N (Give kind of working life, even if retired	done 10b.	KIND OF BUS	INESS OR IND	USTRY	11. BIRTHPLACE (State	ar fareign	country)	12. 0	CITIZEN	OF WHAT	COUNTRY
	tudent	ing me, even it remed	"	None	9		Mary	land			Į	J.S.A	
13-EAT	LMOT					1.	4. MOTHER'S MAIDEN N	IAME					
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18.	CAUSE OF DEA	TH [Enter only one co	ouse per li	ne for (a), (b),	and (c).]		^ ~	•	1		INT	ERVAL BE	ETWEEN
		TH WAS CAUSED BY:	1 (2	dren	real	c	al Carci	non	a het	alel	LC ON	SET AND	MAN.S
	195.0	DUE TO							2			-	
C	anditions, if an	y, which ) (b	1										
	ove rise to in	nmediate (	-							- 10			
	ing cause last.	(c	:)										
CERTIFICATION 41) 08 005	PART II. OTH	er significant con	IDITIONS	CONTRIBUTING	TO DEATH 8L	T NO	T RELATED TO THE TERMI	NAL DISEA	SE CONDITION G	IVEN IN P.	ART 1(o)	19. WAS PERFO YES	DRMED?
OR (IF	CONTRIBUTING	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW IN	IJURY OCCURE	ED. (E	nter nature of injury in f	Part I ar Pa	rt II of item 18.)	1			
WEDICA 20c.	Hour o. m.	Manth, Day, Ye	ar 20d. I While at wor	NJURY OCCUR Not while		octory	OF INJURY (Home, farm, street, affice bldg., etc.	20f. (Cit	y or lawn)	1	(County)		(State)
21.	. I certify the	at I attended the	deceas	ed from Oc	ctober	8	1958 toFeb	ruary	1 1959	that	Llasts	ow the	decease
oli	ve on Febr	uary l	195	9	d that deat	h oc	curred at 3:18a						
		A n	0	00	1	1			street, city or tow		me ac		ATE SIGNE
ACT	TUAL	leadore o	1	Jan de	hend	MD	The Clinic	al Ce	nter			2-1	-59
	1 - 1	,	,	1		_ M.D.	National I	nstit	utes of	Heal	th		
	YSICIAN'S ME (Type)	heodore L.	. Goo	dfriend	. M. D.		D	1 20	ryland				
22o. 8U	RIAL, CREMATION	N, 226. DATE THEREC	)F	22c. NAME (	OF CEMETERY	OR CR			TION (City, town	, or county	()	(Stat	te)
	MOVAL (Specify)	2-3-59	279	Rt.	Lincl	on	Cemetery		adensbi			arvi	
	ERAL DIRECTOR'S		livel	ADDRES		ח		D BY REGIS	TRAR 246. REC	SISTRAR'S	SIGNATU		PLILL
FF	RNACIS	J. COLATI	NS 3	821 14	ITH. S	T.	N.W. DAVEB	4 '59	an	wy 8. 1	rusus		

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# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 2020 be filed with

## CERTIFICATE OF DEATH

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IC	AIE	Ur	DEP	III			Reg	. Dist	. N	0.
					 	 	 		_	-
	11				 				-	

1. PLACE OF DEATH a. COUNTY		MARYLAND	2. USUAL RESIDENCE (V	Where deceased	lived. If institution b. COUNTY	in: Residence bef	fore admir	ssion)
Montgomer			Maryland		Monte	omerv		
b. CITY OF TOWN ( RURAL and give n	(IF autside carporote limits, write negrest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (II	f outside corpor	ate limits, write RI	JRAL and give n	earest tow	rn}
Bethesda		60 days	X Kensingto	n				
d. NAME OF HOSPI	TAL (If not in hospital, give stre	et oddress)	d. STREET ADDRESS				e. IS RE	SIDENCE
	cal Center. Be		100 Dres	dan Ctu	net			A FARM?
3. NAME OF	First	Middle	Lost	4. DATE	Mon			Year
DECEASED			1110 222	OF	mon.	n L	Day	
(Type or print)	John	Relyea	Appleman	DEATH	Februa		3,	19 59
5. SEX	6. COLOR OR RACE 7. MA	ARRIED NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years lost birthdoy)	Months Days	_	
Male	White WIDO	WED DIVORCED	April 14.	1924	3/1 yrs.	Duys	110018	min.
00. USUAL OCCUPATION	ON (Give kind of work done 10	b. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (SIO		untry)	12. CITIZEN	OF WHA	T COUNTRY
							U-S-A	
13. FATHER'S NAME	ourns marenta	r Air Condition	ner Distric		Lumbla		JeD ell	
Lawrence	V. Appleman	T.	Margaret	Cogan				
Yes. no or unknown)	ER IN U. S. ARMED FORCES?   1 	6. SOCIAL SECURITY NO. 17.	informant The Me	dical R	ecord Addr	ess		
Yes	World War II U	nascertainable	The Clinica	1 Cente	r. Bethe	sda lh.	Mary	rland
	ATH [Enter only one cause per					IN	TERVAL B	ETWEEN
PART I. DEA	ATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Hodgkin's Di	92250			Or	NSET ANI	DEATH
201		Houghth b ba	.0000					
001.	X DUE TO					20 1		
Conditions, if o								
gave rise to i								
lying couse last.							11.7%	
PART II. OT	HER SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TER	MINAL DISEASE	CONDITION GIV	EN IN PART 1(0)	19. WAS	AUTOPSY
Ĕ.								ORMED?
20g ACCIDENT W	AS UNDERLYING   206. D	ESCRIBE HOW INJURY OCCURR	FD. (Foter poture of injury in	n Port Lor Port	II of item 18.1		723 10	,
OR CONTRIBUTING	G CAUSE OF DEATH		. (2110) 1101010 07 111,017					
	RY Month, Doy, Year 20d	. INJURY OCCURRED 20e. P	LACE OF INJURY (Home, for	rm, 20f. (City	or town)	(Caunty	y)	(State)
Hour a.m.	19 Whi	le Nat while	octory, street, office bldg., e	rtc.)				
			3F FO 70	1	30 60			
		ased from December						
alive on Feb	ruary 13 , 19	59, and that deat	h occurred at 5:00	_aM, fram	the causes a	nd on the d	ate stol	red abav
	allon,	1		ADDRESS (SI	eet, city or town,	state)	D	ATE SIGNE
ACTUAL	Hickar My	ee Ms.	M.D. The Clin	ical Ce	nter		2/3	L3/59
3101471086			National			Health		
PHYSICIAN'S NAME (Type)	G. Richard Lee	, M. D.	Bethesda			110011.011		
C feerial, crematic	2/13/59	Cedar Hill	OR CREMATORY		ION (City, town, o	r county)	(Sto	ite)
				Suitia	ind, Md.			
3. EUNERAL DIRECTOR	s signature Pumphrey-E	ADDRESS N. T1	24g. RE	C'D BY REGISTI	RAR 24b. REGIS	TRAR'S SIGNAT	URE	
Robert A	. rumphrey-E	semesda, Md.	DATEF	EB 1 8 '59	art	hun S. Kra	us	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 TO FUNERAL DIRE

may be retained by the haspital or attending physician.

O FUNERAL DIRE

R. After this certificate has been signed by the attending physician and campletely filled in by the page 3 should be vocatached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shate registrar prior to burial, crematian, ar remaval, and in any event within 72 hours after death.

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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

**CERTIFICATE OF DEATH** 

01992

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D. PLACE OF DEATH O. COUNTY Montgomery		MARYL	AND	2. USUAL RESIDENCE O. STATE Distric			lived. If institution to the country mbia		ince befo	ore admiss	iion)
b. CITY OR TOWN (If autside RURAL and give nearest lov		c. LENGTH OF STAY I	N 16	c. CITY OR TOW					give ne	arest fow	n)
Bethesda	/n)	74 Days		Washing	rton		16	X	2		
d. NAME OF HOSPITAL (If no	I in haspital, give stre			d. STREET ADDR						e. IS RES	
The Clinical	Center. Be	ethesda 14. M	Md.	601 Sou	uther	n Ave	nue, S.	E.			FARM?
3. NAME OF DECEASED (Type or print)	Monda First	Middle Aliene		Aycoth		DATE OF DEATH	Februa		h,	,	Year 19 59
5. SEX   6. COI	OR OR RACE 7. MA	RRIED NEVER MARRIES	D П В	. DATE OF BIRTH		9	P. AGE (In years	IF UNDE	RIYEAR		ER 24 HRS.
		WED DIVORCED		June 24,	1915	5	AGE (In years last birthday)  13 yrs.	Manths	Days	Haurs	Min.
10a. USUAL OCCUPATION (Give during most of working life,	kind of work done 10	b. KIND OF BUSINESS OR	INDUST	RY 11. BIRTHPLACE	(State or	foreign cau	intry)	12. CI	ITIZEN C	OF WHAT	COUNTRY
Clerk	even ir renired)	Automobile		North	Caro	lina			Į	J.S.A	1.
13. FATHER'S NAME				14. MOTHER'S MA	IDEN NA	ME					
James Ashe				Lı	ula R	lodger	'S				
15. WAS DECEASED EVER IN U.	. ARMED FORCES?	6. SOCIAL SECURITY NO.	17, IN	FORMANT The	Medi	cal F	ecord Add	ress			
No	war or dules of service)	577-30-4077	The	Clinical	Cent	er, E	Bethesda	14,	Mary	yland	1
18. CAUSE OF DEATH [Ent PART I. DEATH WAS 190. 9 IMMED		line far (a), (b), and (c).]	anom	a Metasta	tic t	te Hea	rt		S S S S S S S S S S S S S S S S S S S	SET AND	DEATH
Conditions, if any, whit gave rise to immedia cause (a), stating the underlying cause lost.  PART II. OTHER SIGN	DUE TO (c)	S CONTRIBUTING TO DEA	TH BUT N	NOT RELATED TO THE	E TERMINA	AL DISEASE	CONDITION GIV	/EN IN PAI	RT 1(a)	PERFO	AUTOPSY DRMED?
PART II. OTHER SIGN  200. ACCIDENT WAS UNDE OR CONTRIBUTING CAU (IF EITHER, NOTIFY MEDICA	SE OF DEATH	ESCRIBE HOW INJURY OC	CURRED	. (Enter nature of inj	ury in Por	rt I or Part	ll of item 18.)				
20c. TIME OF INJURY Mont Hour a. m. p. m.	19 Whi	le Nat while at wark	fact	CE OF INJURY (Ham ary, street, affice bld	lg., etc.)				(Caunty)		(State)
21. I certify that I at alive an Februar  ACTUAL SIGNATURE  PHYSICIAN'S NAME (Type) G. I		59, and that o	death	occurred at 7.  D. The Cl.	:05A inica al In	M, from poress (Sire al Cerustitu	the causes of th	and an i	the da	ite state	
220. BURIAL, CREMATION, 22b. REMOVAL (Specify) 2		22c. NAME OF CEMET	TERY OR		22	-	ON (City, town.	ar caunty)	m	C Stat	e)
23 FUNERAL DIRECTOR'S SIGNA	tore is f	and Co Was	44 h26	10 01	REC'D E	o '59		STRAR'S SI			

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRE R: After this certificate has been signed by the ottending physician and completely filled in by the period director, page 3 should be reduced for use as the burial-transit permit. Then please, semance carbon pages 1 and 2 should be reduced for use as the burial-transit permit. Then please, semance carbon pages 1 and 2 should be reduced for use as the burial-transit permit. **DEUNERAL DIRE**R: After this certificate has been signed by the ottending physician and completely filled in by thr page 3 should be carbon papers. Pages 1 and 2 shifter registrar prior to burial, cremation, or removal, and in any event within 72 hour, after death.

VS A1S (4) 1SM 9/SS

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CS of the state of	The special state of the second state of the s	Lower St. Committee of the committee of	CORP. TO MAKE	No sylla actions

2022 CERTIFICATE OF DEATH

Reg. Dist. No.	Rec	ı. D	list.	No.
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1. PLACE OF DEATH o. COUNTY Mon	tgomery		M	ARYLAND	- CTAYS	DENCE (WH		b. COUNTY		before odr hampte	
b. CITY OR TOWN ( RURAL and give n	If outside corporate limi	s, write	c. LENGTH OF ST	AY IN 16	c. CITY OR	TOWN (If o	utside corporo	te limits, write R	URAL and g	ive nearest to	own)
Bethesda	edrest town)		3 days	3	Seavi	Lew		83	x _ 3		
d. NAME OF HOSPIT	TAL (If not in hospital, g	ive street			d. STREET	ADDRESS		700			RESIDENCE
	cal Center	Bet	hesda 14	, Md.	(None	)					NO K
3. NAME OF DECEASED	Fir	51		idle	lo	st	4. DATE OF	Mon	th	Day	Yeor
(Type or print)	Evelyn		Claudi	la	Baile	y	DEATH	Februar	У	21	19 59
5. SEX	6. COLOR OR RACE	7. MARI	RIED 🔣 NEVER MA	RRIED [	8. DATE OF BIRT	н	9.	AGE (In years last birthday)			NDER 24 HRS.
Female	Negro	WIDOW	ED DIVO	RCED 🔲	December	25.	1936	22 yrs.	Months	Doys Hou	Min.
10a. USUAL OCCUPATIO	ON (Give kind of work	ione 10b.	KIND OF BUSINES	S OR INDU	STRY 11. BIRTHP	LACE (Stote	or foreign cou	ntry)	12. CITI:	ZEN OF WH	AT COUNTRY?
Factory Wo	king life, even if retired		Labor (Pr	rivate	Vi) Vii	ginia			U	. S. A	
13. FATHER'S NAME					14. MOTHER'S						
Elijah Col	lins				Albert	ta Gil	lis				
IS. WAS DECEASED EVE			SOCIAL SECURITY	NO. 17. I	INFORMANT T	ne Med	ical R	ecord Add	·ess		
No No or unknown)	Jif yes, give war or dates at s		30-48-19	1	The Clin					Mary	land
18. CAUSE OF DEA	ATH [Enter only one co	use per li	ne for (a), (b), and	(c).]		-				INTERVAL	BETWEEN
PART I. DEA	TH WAS CAUSED BY:	Cx	unaste	10 4	Lough	toule	140			ONSET A	ND DEATH
443×	DUE TO		1.			70000				1	
Conditions, if o	man audalah Y	11	6911118							142	wentles
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lying couse lost.	the under-	Hu	sextensi	10,	Errelier	rateu	lair.	Firence	9	40	eca es
PART II. OTI	HER SIGNIFICANT CON		CONTRIBUTING TO	DEATH BUT	NOT RELATED TO	THE TERMI	NAL DISEASE	ONDITION GIV	EN IN PART	1(o) 19. W/	AS AUTOPSY
Ž		V								YES	REPORMEDS NO DE
PART II. OTI	AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJUR	Y OCCURRE	D. (Enter nature o	of injury in P	ort I or Port I	of item 1B.)			<u> </u>
		r 20d. II	NJURY OCCURRED	20e. Pl	ACE OF INJURY	Home, form	20f. (City o	r town)	IC.	punty)	(State)
Hour o. m.	19	While	Not while	fo	ctory, street, offic	e bldg., etc.	)		10.	2011.77	(sidic)
21. I certify th	at I attended the	deceas	ed from Feb	ruary	18 19 5	2. to Fe	bruary	21 19 59	that I le	ast saw th	ne deceased
alive an Feb		195	1 -		accurred at						
1/	7 . 7/.							et, city or town,		o date si	DATE SIGNED
ACTUAL SIGNATURE	and He	1111	Ale You		The		cal Ce			2	/22/59
		A	1		M.D			utes of	Healt	h	
PHYSICIAN'S LO	UIS GILLESP	IE,	JR. M.D.			besda		ryland	11002	••	
220. BURIAL, CREMATIC	N, 226. DATE THEREO		22c. NAME OF C	EMETERY C				N (City, town, o	of county)	(5	itate)
REMOVAL (Specify)	1 Ful- 22,1	159				Barrier St.	an	lune t	5-	1153	il.
23. AUNERAL DIRECTOR	S SIGNATURE	1	ADDRESS	1		240. REC'L	BY REGISTRA		TRAR'S SIG		1 - 180
Jernes 1	Che		arken	inte	-/a	DATE	B Z 4 39		Thung S.	Thous	
7											

beral director, TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4 may be retained by the haspital or attending physician.

• Consider a black of the completely filled in by the attending physician and completely filled in by the page 3 should be delacted for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shifter registrar prior to burial, cremation, ar removal, and in any event within 72 hours after death. TO FUNERAL DIRE

	HTARURO B	CERTIFICAT		
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

	HEARD TO STADRITHEATS OF DEATH
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burdyland yerkindene	

# FOR STATE HEALTH DEPT. TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pendil in Item, 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be farm, and to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for you files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board ealth, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. 14

2

VS. A15ME 5M 2/57

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 TOO MEDICAL EXAMINER'S CERTIFICATE OF DEATH

01994

1300			leg. Dist. No.
1, PLACE OF DEATH o. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution	: Residence before admission)
Montgomery	MARYLAND	o. STATE Maryland b. COUNTY	nontagmerco
b. CITY OR FOWN of outside corporate limits white RURAL ond give negret town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outlide corporate limits, write RUI	
Takoma Park	DOA	x Burtons ville	V
d. NAME OF HOSPITAL OR INSTITUTION (If not in he	spital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE
Washington San	tarium	<b>*</b>	YES NO
3. NAME OF DECEASED	Middle	Q Last 4. DATE Month	Day Yeor
(Type or print) William	. 0.	Deasley DEATH 2	16 1959
5. SEX 6. COLOR OR RACE 7. MARR	IED NEVER MARRIED   8.	A 3 - /   lost high-days	UNDER TYEAR IF UNDER 24 MAS.
WIDOWI		to-+4-86 /2 yrs. 1"	onths Days Hours Min.
100. USUAL OCCUPATION (Give kind of work done 10b.	KIND OF BUSINESS OR INDUSTR	RY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Ketired Sight Seeing Gaid	e	Virginia	USA.
13. FATHER'S NAME	RI	14. MOTHER'S MAIDEN NAME	
Edward Thoma	13 Deadley	Unknown	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16	SOCIAL SECURITY NO. 17 IN	FORMANT Address	1
No	~/	nr. Kenneth W. Be	asley - Son
18. CAUSE OF DEATH [Enter only one cause per line	for (a), (b), and (c).		DIAST AND DEATH
PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Ormany 12	Malinen .	Du dilus
420.1 DUE TO	1		Zan Wann
Conditions, if ony, which) (b)			
gove rise to immediate couse ( (a), stoting the underlying DUE TO			
couse lost. (c)			
PART II, OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN	IN PART 1(a) 19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CO.  200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 20b DESCRIP	ento while	Are in an	PERFORMED? YES NO TO
200. EXTERNAL CAUSE WAS 206 DESCRIE	E HOW INJURY OCCURRED. (E	nler noture of injury is Part I or Part II of item 18.)	
PRIMARY DO CONTRIBUTING D			
3 20c. TIME OF INJURY Month, Day, Year 20d.	INJURY OCCURRED 20e. PLAC	E OF INJURY (Home, form, 120f. (Cily or lown)	(County) (Stole)
20c. TIME OF INJURY Month, Day, Year 20d. Hour o. m. p. m. 19 of w	le Not while tacto	ry, street, office bldg., etc.)	
21. I certify that I taak charge of the	remains described above	re, held an Autapsy , Inspection , I	nquiry X, and in my
opinian death resulted from: Natural	causes . Accident		ned manner
1 1			
SIGNATURE Trank ( BA	manh	M.D. CHIEF MEDICAL EXAMINER	DATE SIGNED
		ASSISTANT MEDICAL EXAMINER	
EXAMINER'S FLAWK J. J.	3taschart		16-59
220. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY OR	CREMATORY 22d. LOCATION (City, lown, or co	ounty) (State)
Bund 2/19/59	Union Ces	netery Bustanson	10. ml
23. ENNERAL DIRECTOR'S SIGNATURE	ADDRESS		R'S SIGNATURE
Well att Wandles	. 6-11	PANEB 2 0 '59 Cuttura	9 80

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		1. 6	1		2300	11/1	J. 13/3/10

MARYLAND	STATE DEPARTM	LENT OF HEALTH	-BALTIMORE, 18	
2023	CERTIFICA	ATE OF DEATH	Re	01995 og. Dist. No.
1. PLACE OF DEATH O. COUNTY Mont gome	MARYLAND	o. STATE	b. COUNTY	mont.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearestylown)	c. MNGTH OF STAY IN 16	X Ken=	utside corporate limits, write RURA	L and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street or INSTITUTION	oddress)	3900 HAN	nobonst.	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	A Lucretia	2 15 Tanchan	4. DATE Month OF DEATH	Day Year 16 1959
L Culeved WIDOW		8. DATE OF BIRTH / 04	last birthdoy) Mo	UNDER 1 YEAR IF UNDER 24 HRS. Onths Days Hours Min.
100. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retiredy	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Store of	or foreign country)	2. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	No.	14. MOTHER'S MAIDENAN	ame aret To	hon som
15. WAS DECEASED EVER IN U. S. ARMED FORCES 16. (Yes, no. or unknown) (If yes, give wor or dates of service)	SOCIAL SECURITY NO. 17.	INFORMANT	Address 7 50%	-Big Foothas
18. CAUSE OF DEATH [Enter only one couse per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	ute gulmone	y o clima	Strocker.	ONSET AND DEATH
Conditions, if ony, which gove rise to immediate couse (a), stating the under	i duna	dio- want	n disease	
1ying couse lost.   (c)	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	nal disease Condition given 1	N PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in P	orl I ar Port II af item 18.)	
20c. TIME OF INJURY Month, Day, Year 20d. In Hour o. m. 19 While of world	_ Not while fo	ACE OF INJURY (Home, form, ctary, street, office bldg., etc.)	20f. (City or town)	(County) (State)
21. I certify that I attended the decease				at I last saw the deceased an the date stated abave.
ACTUAL SIGNATURE MACE			DORESS (Street, city or lown, state	
PHYSICIAN'S PRANDRED	vs min	WASh	INGTON	DC 2-16-59
270. BURIAL CREMATION, 22b. DATE THEREOF 2/21/59	22c. NAME OF CEMETERY O		22d. LOCATION (City, town, or co Sandy Spring,	unty) (Stote)

23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS Md.

24b. REGISTRAR'S SIGNATURE

Common S. Kraus.

240. REC'D BY REGISTRAR

DATE FEB 2 5 '59

VS A15 (4) 15M 9/55

TE OF DEATH		
	admin .	Annah Sindh
	4914 90-94	de Paulainar
Final Manager No Section		
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VS. A15ME 5M 2/57

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

01996 Rea. Dist. No.

-													
	PLACE OF DEATH	*** U.X	-1		- 11	2. USUAL RE			ed lived. If institu		ce befo	re admission)	
		Montgomery		MARYL		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)							
	ond give negrest tow	(If outside corporate limits,	write RURAL	c. LENGTH OF STAY	NIP	c. CITY O	R TOWN (If	outside cor	porate limits, write	RURAL and	give ne	orest town)	
		lver Sprin	Œ.	life		56	Silv	er Spr	ring				
-	. NAME OF HOSPI	TAL OR INSTITUTION	(If not in h	ospitol, give street oddress	)	d. STREET		OZ OPZ				e. IS RESIDENCE	
						/					9.4	ON A FARM?	
-		onifant St				501	Bonif	ant St				YES NO F	
	NAME OF DECEASED (Type or print)	Craig	Lee	Middle Boley		Lo	st	4. DATE OF DEATH	Feb. 27		Doy	Yeor 19	
5. 9	EX	6. COLOR OR RAG	E 7. MAR	RIED NEVER MARRIED	13 8. 0	ATE OF BIRT	Н		9. AGE Illn years	IF UNDER 1	YEAR	F UNDER 24 HRS	
	male	white	WIDOW			/20/19		92.15	lost birthday) 10 yrs.	-	-	Hours Min.	
10a	. USUAL OCCUPATI	ON (Give kind of wo	rk done 10b	KIND OF BUSINESS OR I	NDUSTRY	11. BIRTHP	LACE (Stote	ar fareign c	ountry)	12. CITIZ	EN OF	WHAT COUNTRY	
	none	ing life, even if retire	۵)			Was	h. D.	C.		US	A		
	FATHER'S NAME				1	4. MOTHER'S	MAIDEN N	NAME					
	Wm. J. Bo	oley				Doro	thy V	. Ande	rson				
15.	WAS DECEASED E	VER IN U. S. ARMED		6. SOCIAL SECURITY NO.	17. INF	ORMANT			Address				
[102	, no, or unknown)	(If yes, give war or date:	of service)		W	m/J.	Boley		Item	2			
NO	Conditions, if gove rise to imme (a), stating the cause tast.	underlying DUE 1	(b) Ce	Respiratory rebral palsy		T RELATED TO	) THE TERMI	NAL DISEAS	E CONDITION GIV		lii	Ee WAS AUTOPSY	
CERTIFICATION	200. EXTERNAL CA	USE WAS	20b. DESCR	BE HOW INJURY OCCUR	ED. (Ente	er nature of i	njury in Pact	l or Port II	of item 18.)		YE	PERFORMED?	
CER	PRIMARY OF CO	WIKIROLING FT											
MEDICAL	20c. TIME OF INJU Hour a.m. p. m.		Wh		PLACE foctory	OF INJURY (	Home, form bldg., etc.	20f. (Cily	or town)	(Coun	ly)	(Stote)	
	21. I certify t	hot I took char	Naturol	remoins described couses Accid	ent 📗	, Suicid	e 🔲 ,	Homicide		Inquiry	onner	and in my	
	SIGNATURE	Frank I		nchait		ASSISTA	NT MEDICA	AMINER   AL EXAMINE	~ LJ	/27/59			
	NAME (Type)	Frank JV	Brosch	art		DEPUTY	MEDICAL E	EXAMINER T					
220	BURIAL, CREMATIC REMOVAL (Specify BURIAL	3/2/59	EOF	Glen Haven				Glen	Burnie,	or county) Maryla	nd	(State)	
23.	FUNERAL DIRECTOR WARNER E.	R'S SIGNATURE PUMPHREY	INC.	ADDRESS SILVER SPI	RING	, MD.	240. REC'I	D BY REGIST	RAR 24b. REGI	STRAR'S SIGN	NATURE		

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death; Page 4	may be retained the hospital or attending physician.  TO FUNERAL DIRE R: After this certificate has been signed by the attending physician and completely filled in by the first director,	page 3 should be betached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shows the with	
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HOS	FUND	age	the registrar prior to burial, cremation, ar removal, and in any event within 72 hours after death.
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V:	5 A1	5 (4	)

	2025	CEKTIFIC	CAIL	OF DEATI			Reg. Dist.	No.	10-1
1. PLACE OF DEATH o. COUNTY			0	UAL RESIDENCE (W	here deceased	l lived. If institution	on: Residence l	before admir	ssion)
Montgom	ery	MARYLAND	D	Marvl	and	0. 000111	Monte	gomer	У
b. CITY OR TOWN (If outside corpora RURAL and give nearest town)	ite limits, write	c. LENGTH OF STAY IN 11	b c.	CITY OR TOWN (IF	outside corpor	rote limits, write Ri	JRAL and give	nearest tow	vn)
Olney		5 days	-   >	Rural	- CT2	agettsv	ille		
d. NAME OF HOSPITAL (If not in hospor Institution Montgomery Co			19	STREET ADDRESS  RFD #	7 1/1	h A4 man		ON	SIDENCE A FARM?
	. Gen.	Hospital			3, M				
3. NAME OF DECEASED (Type or print)	usie	Middle Viola	Bolt	lost	4. DATE OF DEATH	Feb	. 16	Day	Yeor 19 59
		IED NEVER MARRIED		E OF BIRTH		9. AGE (In years lost birthdoy)		EAR IF UND	
Female White				mil 17 '	1801	lost birthdoy) 67 yrs.	Months Da	ys Hours	Min.
10a. USUAL OCCUPATION (Give kind of	work done 10b.	KIND OF BUSINESS OR IN	DUSTRY	1. BIRTHPLACE (Stote	or foreign co	ountry)	12. CITIZE	N OF WHA	T COUNTRY
during most of working life, even if Housewife		Own Home		Potoma	a.c. Mo	4	T	ISA	
13. FATHER'S NAME	,	own none	14.	MOTHER'S MAIDEN			1	196	
James L.	Magrude	er		France	s Ann	n Mulli	can		
15. WAS DECEASED EVER IN U. S. ARME	D FORCES? 16.		7. INFORM			Addr			
(Yes, no, or unknown) (If yes, give war or d	(Gree of service)		Mrs	Raymond	Justi	ice. Mt.	Airv	Md.	
18. CAUSE OF DEATH [Enter only	one couse per lin	ne for (o), (b), and (c).]						INTERVAL B	
PART I. DEATH WAS CAUSE IMMEDIATE CA	D BY: Car	diovascular	-Rer	nal Dise	ase w:	ith	j		ars
442 X 0	OUE TO HYD	ertension.	Terr	ninal Con	ngest:	ive Hea:	rt	1 mo	nth
Conditions, if ony, which )		lure. Uremi						3 da	ys.
gove rise to immediate couse (a), stating the under-	OUE TO								
lying couse lost.	(c)								
PART II. OTHER SIGNIFICAN	T CONDITIONS C	ONTRIBUTING TO DEATH I	BUT NOT R	ELATED TO THE TERM	MINAL DISEASI	E CONDITION GIV	EN IN PART 1	PERF	OKMEDY
3								YES	] NO 🔀
200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF E	DEATH INER)	CRIBE HOW INJURY OCCUI	RRED. (Ente	er noture of injury in	Port I or Port	t II of item 18.)			
20c. TIME OF INJURY Month, Do Hour o. m.				F INJURY (Home, fore treet, office bldg., et		or town)	(Cou	nty)	(Stote)
Hour o.m.	19 While of work	k ot while	Tocioty, s	neer, office blog., er					
21. I certify that I attende	d the deceas	ed from July	11,	1950 to F	eb. l	6, 1959	that ( las	t saw the	decease
alive on Feb. 16,			ath occu	irred at 7 p	• M fron	n the causes a	nd on the	date stat	ted abov
7 7 0.				0070 15		treet, city or town.	stote)	0/	DATE SIGNE
SIGNATURE L	lender	ce Volager	M.D		ain S			0/	1//2
M. McKendr	ee Boy	er, M.		Damasc	us,	Marylan	a e		
220. BURIAL, CREMATION, 22b. DATE	THEREOF	22c. NAME OF CEMETER	Y OR CREA	MATORY	22d. LOCAT	TION (City, town, o	or county)	(Sto	ote)
Burial Feb.	19.1959	Rocky	ille	Union	Ro	ckville	Md.		
23. FOTHERAL DIRECTOR'S SIGNATURE	11	ADDRESS		24a. REC	D BY REGIST	17:0	STRAR'S SIGN	2 4	
Ullim a.	olesun	Damasc	us,	MQ . DATE	LUZU		Irthur S.	Maria	

## MARYLAND STATE DEPARTMENT OF HEALTH-BALINDEE, TO

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2026 CERTIFICATE OF DEATH

11998 Reg. Dist. No.

1. PLACE OF DEATH  o. COUNTY  Montgomery		MARYLAND	2. USUAL RESIDENCE (No. STATE Lebanon		If institution: b. COUNTY	Residence befo	re admission)
b. CITY OR TOWN (If outs		c. LENGTH OF STAY IN 16		f outside corporate lin	nits, write RUR	AL ond give nec	arest town)
RURAL and give nearest Bethesda	tawn)	8 days	Beirut			15 %	( )
d. NAME OF HOSPITAL (IF OR INSTITUTION	not in haspital, give stre		d. STREET ADDRESS				e. IS RESIDENCE ON A FARM?
The Clinica	1 Center, B	ethesda 14. Md.	P.O. Box	2648			YES NO
3. NAME OF DECEASED	First	Middle	lost	4. DATE	Manth	Do	y Year
(Type or print)	Michel]		ne Braafladt		Feb	ruary 1	.3, 19 59
5. SEX 6. C	OLOR OR RACE 7. M	ARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AG			IF UNDER 24 HRS.
Female	MILLE	WED DIVORCED		250	birthday) A	Months Days	Hours Min.
10a. USUAL OCCUPATION (G during most of working li	ive kind of work dane 10 fe, even if retired)	Db. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Sto	te or foreign country)		12. CITIZEN O	F WHAT COUNTRY
Student		None	Casabla	anca, Moro	cco	II.	S A
13. FATHER'S NAME			14. MOTHER'S MAIDEN				
James Braaf	7 adt.		Yvette	Bouchier			
15. WAS DECEASED EVER IN E	J. S. ARMED FORCES?	6. SOCIAL SECURITY NO. 17.	INFORMANT The Me		and Address		
(Yes, no, or unknown) (If yes,	give war or dates of service)	None	The Clinical				laryland
	Enter anly ane cause per	line far (a), (b), and (c).]	Λ.				ERVAL BETWEEN
PART I. DEATH W	AS CAUSED BY:	Russ harry	Lio to	4,21.	. 0	ONS	ET AND DEATH
2011 O	EDIATE CAUSE (o)	747, 14009	The org	and the w			10 and
Constitution 15			U	V			
Conditions, if any, w	lighte						
cause (o), stating the <u>ut</u>							
lying couse lost.	) (c)						
PART II. OTHER SI	GNIFICANT CONDITION	S CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE CON	DITION GIVEN	IN PART 1(o)	9. WAS AUTOPSY PERFORMED?
3							YES TE NO
PART II. OTHER SI	DERLYING (1) 206. DAUSE OF DEATH CAL EXAMINER)	ESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury i	n Port I ar Part II of i	tem 18.)		
20c. TIME OF INJURY MO Hour a. m. p. m.	Whi		ACE OF INJURY (Home, for actory, street, office bldg., e	rm, 20f. (City ar tow	rn)	(County)	(State)
21. I certify that I	attended the dece	osed from February	5. 19 59 to F	ebruary 1	3.10 59.	hat I last so	w the decorred
alive an Febru	ary 13. 10		accurred at 103				
diffe diference	01	O , und mar dear	A . M	ADDRESS (Street, ci	causes and	an the dat	te stated abave.  DATE SIGNED
ACTUAL /107	Oller	Tali		e Clinical			2-13-59
SIGNATURE	Than s	10/40	.m.v				
PHYSICIAN'S NAME (Type) Nath	an S. Taylo	r. M. D.		ational Ins ethesda ll	, Maryl	s of He	artn
	b. DATE THEREOF	22c. NAME OF CEMETERY C			P		
REMOVAL (Specify)	2-17-59	Columbia	La Gardene	22d. LOCATION (C	-3/12	TR.	(Stote)
23. FUNERAL DIRECTOR'S SIGN	NATURE	ADDRESS	24o. RE		24b. REGISTR	AR'S SIGNATUR	₹E
C. P. Ineams	e aste	notin 14 Vi	DATE	B 1 6 '59	Quil	. 0 to	

## FOR STATE HEALTH DEPT.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
2027MEDICAL EXAMINER'S CERTIFICATE OF DEATH

01999

Reg. Dist. No.

1.	O. COUNTY		CE (Where deceased lived. If instituti	ion: Residence before admission)
	Montgomery MARY	LAND O. STATE	b. COUNTY	monto
	b. CITY OR TOWN It outside corporat limits, write RURAL c. LENGTH OF STAY	IN 16 c. CITY OR TOW	N (Inoutside corporate limits, write f	RURAL and give hearest town)
	Lelias Spun 17 42	2 56 Ail	her Spins	1
_	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street podres	d. STREET AOORE	55	e. IS RESIDENCE
0	218 St Laurence De	208	Sthawrene	YES NO ST
	NAME OF DECEASED (Type or print) Cora First Middle	Bright	4. DATE OF SEATH FLE	Dey Year 1957
1	6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	B. PATE OF BIRTH	9. AGE (In years lost birthday) 40 yrs.	Months Days Hours Min.
10	Do. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR	INDUSTRY 11. BIRTHPLACE (S	- 09	12. CITIZEN OF WHAT COUNTRY?
	dyfing most of working life, even if retired) Maintenance S		P	1000
1	3. FATHER'S NAME	14, MOTHER'S MAID	EN NAME	141.5.CL
	BPA	0 0	+	n m
)	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.		SHUGA Address	RT
	(if yes, give war or dates of service)	16. 0	Address	17 -
-	NO 1 100 57703-7928	Mary 1 mg	ht (Ottoghter)	Jun 2
	IB. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).]  PART I. DEATH WAS CAUSED BY:		41 -	INTERVAL BETWEEN ONSET AND DEATH
	IMMEDIATE CAUSE (0) Colectical h	emorrhage	Flarinstin	
	7/6 X DUE TO	10	0	Buddin
	Conditions, if ony, which) (b) Rullet W	much the	u skull	
	gave rise to immediate cause (a), stating the underlying DUE TO			
	couse fost. (c)			
2	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH	H BUT NOT RELATED TO THE T	ERMINAL DISEASE CONDITION GIVE	N IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
NOTA DISTRIBUTION				YES NO
1317	206. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING TO	RRED. (Enter noture of injury in	Part I or Part II of item 18.)	A
		is fullet w.	nul	
12	20c. TIME OF INJURY Month, Doy, Yeor 2 d. INJURY OCCURRED 20	e. PLACE OF INJURY (Home,	form, 20f. (City or town)	(County) (State)
MEDICAL	8: 10 p.m. 2/14 1959 of work of work	foctory, street, office bldg.	Alexa Ma	being mot had
	21. I certify that I took charge of the remains described		opsy , Inspection .	Inquiry 9, and in my
		dent , Suicide X		mined manner
	1 1 1 1 .	10.2-4-4-		
	SIGNATURE Thank 1. Broschart	M D CHIEF MEDICA	AL EXAMINER	DATE SIGNED
	1 - 0		EDICAL EXAMINER	11. 174
	EXAMINER'S FLANK J. Stoschar	DEPUTY MEDIC	CAL EXAMINER	2-14-59
2	20. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETE	ERY OR CREMATORY	22d. LOCATION (City, town, or	county) (State)
	REMOVAL (Specify) BURIAL 2/16/59 ROCK CREEK	CEMETERY	WASHINGTON, D.	
23	3 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	PRING. MD. 240.	RECOUNT REGISTRAR, 246. REGIST	RAR'S SIGNATURE
	WARNER E. PUMPHREY, INC. SILVER S.	DATI	TEB 1 1 33	unit i. Thates

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 haurs after death. If ony delay is necessary, please execute the certificities, writing the ward "pending" in pendi in them, 18. Give Poges 1, 2, and 3 to the funeral director. Page 4 should be forwered to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for ref files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board Health, or its designated agent, prior to burial, cremotion, or removal, and in any execut within 72 hours after death. VS. A15ME SM 2/57

EN SKOMPLASE HTIESH TO THEM DEVISO TIMES CHAPTER A STADE OF BEAUTIFICATE OF DEATH

VS A15 (4) 15M 10/57

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filed		
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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 2028

**CERTIFICATE OF DEATH** 

12000

1. PLACE OF DEATH O. COUNTY Montgomery	MARYLAND	2. USUAL RESIDENCE (When o. STATE	re deceased lived. If ins b. COU		pefore admission)
b. CITY OR TOWN (If outside corporate limits/write RURA) and give nearest town)	LENGTH OF STAY IN 16	c. CITY OR TOWN (If ou	tside corporate limits, wr	ite RURAL and give	nearest town)
Olney	1/mo.	Wasa,	noton	47	X = 5
Brooke Grove Follow	dress)	2/12 Coun	ave. n. u	U.	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Gerfrude	Oberly.	- Bright	4. DATE OF DEATH	Month 2	Day Year 1959
5. SEX  6. COLOR OR RACE  WIDOWED  7. MARRIET  WIDOWED	D NEVER MARRIED DIVORCED	8. DATE OF BIRTH May 25-, 186	9. AGE (In yellast birthdom) 93	ears IF UNDER 1 YE ay) Months Day yrs.	ys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	ND OF BUSINESS OR INDU	UDGS Ler	(Oliver)	12. CITIZEN	N OF WHAT COUNTRY
To har Henry Obese	ч	14. MOTHER'S MAIDEN NA	Stycker	7.5	
15 WAS DECEASED EVER IN U. A ARMED FORCES? 16. SO (Jes. no. or unknown) (If yes, out wor or dates of service)	CIAL SECURITY NO. 17.	INFORMANT LOSPITAL REC	cerds	Address	
18. CAUSE OF DEATH [Enter only one couse per line of PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  420 DUE TO  Conditions, if any, which ) (b)	for (a), (b) good (c).]	cho-Por	sum.	ne a	INTERVAL BETWEEN DNSET AND DEATH
gove rise to immediate couse (o), stoting the under-lying couse lost.	Semili	ty	Herry	accese	- Jack
PART II. OTHER SIGNIFICANT CONDITIONS CON  200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)  200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	UTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	AL DISEASE CONDITION	GIVEN IN PART I(o	19. WAS AUTOPSY PERFORMED? YES NO P
	BE HOW INJURY OCCURRE	ED. (Enter noture of injury in Po	rt f or Part It of item 18.	)	
20c, TIME OF INJURY Month, Day, Year 20d, INJU Hour o. m. 19 While p. m. 19	_ Not while fa	ACE OF INJURY (Home, form, actory, street, office bldg., etc.)	20f. (City ar town)	(Coun	nty) (Stote)
21. I certify that I oftended the deceased alive on Telb. 18., 1955	-	5, 1958, to 72 occurred at 8 0			t sow the deceased
ACTUAL SIGNATURE	1	M.D. Senly	DORESS (Street; city or to	wn, stole)	HONE SIGNED
PHYSICIAN'S J.W. Bird		Sand	y Spy	1100	MS-
220. BURIAL, CREMATION, 22b. DATE THEREOF 22 REMOVAL (Specify)	ROCK CLEE	OR CREMATORY 2	2d. LOCATION (City, 100) Wash	vn. or county)	(Stote)
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS			EGISTRAR'S SIGNA	
exob saudous dons	11) Ste ta (	CIPO NU DATE ES	2 4 '59	I thung S. The	nua

MIABORO MADEINED DE CENTRE 44 Sec. 257 the state of the past was a Party of the past.

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

02001

	CERTIFICATE OF DEATH Reg. Dist. No.						
M	Montgomery Maryland Mon	ounty tgomery					
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  c. LENGTH OF STAY IN 1b  c. CITY OR TOWN (If outside corporate limits,	write RURAL and give nearest town)					
00	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION 6008 Walhonding Rd. Glen Echo Hgts. Washington 16. D.	ad on a farm? YES NO					
	3. NAME OF First Middle Lost 4. DATE OF DECEASED (Type or print) Ida Belle Buck DEATH July	Month Day Year					
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In lost)	hday) Months Days Hours Min.					
6-9	Female White WIDOWED DIVORCED VIII 100 STS 85	12. CITIZEN OF WHAT COUNTRY					
	Housewife Home Bland Co. Virgini  13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	a U.S.A.					
-	Martin Jefferson Robinett  Bebecca Elizabeth  S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANI	Shannon					
	Ves. no. or unknown    (If yes. eve wor or dotes of service)   Wrs. Walter Lee William Road, Glen Echo Height						
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  CECULE WEST ACCURATE OF DEATH  ACCURATE OF DEATH  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (b)	INTERVAL BETWEEN ONSET AND DEATH					
	450.0 DUE TO 1 0 0 7 . 0						
	Conditions, if ony, which gove rise to immediate couse (a), stating the under-	rus years					
	Lying couse lost.   (c)   PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITIONS OF THE PERMINAL DISEASE OF	ON GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMEDS					
0	20a, ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Part II of item	YES NO					
	20a. ACCIDENT WAS UNDERLYING   ON CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town)						
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. m.  19 While Not while of work at wark	(County) (State)					
	21. I certify that of ottended the deceased from MU 0, 1907, to Feb. 5, olive on Jeb. 5, and that death occurred at 150 MM, from the co	7, that I lost sow the deceosed					
	ACTUAL SIGNATURE CP Rilaces M.D. 4400-49 ST						
1	PHYSICIAN'S C.P. RYLAND,						
	220. BURIAL, CREMATION, REMOVAL (Specify) 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City.						
	Burial 2/8/59 West End Wythevi						
	23. FUNERAL DIRECTOR'S SIGNATURE HOLD AND ADDRESS 240. REC'D BY REGISTRAR 240	. REGISTRAR'S SIGNATURE					

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRE

MARYLAND STATE DEARTMENT OF HEALTH-SATTIMORE'S are the second of the second of the second Section of the contract of the state of the contract of the co 

## FOR STATE DEPT

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or, please or. Page r files. Health,

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 haurs after death. If any delay is necess execute the certains use, writing the word "pending" in pendi in Item 18. Give Pages 1, 2, and 3 to the funeral direct a should be fant and 3 to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained to TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 and 2 with the State Board as its designated agent, prior to burial, crematian, ar removal, and in any event within 72 hours after death.

**VS. A15ME** 5M 2/57

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2030

02002 Reg. Dist. No.

Kensington Armory  10,106 Georgia Avenue  YES  3. NAME OF DECEASED (Type or print)  James: Platt Bull Sr. DEATH Feb. 22 1959  5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH  P. AGE In years IF UNDER IYEAR IF UNDER							
Montgomery b. CITY OR TOWN     contide cappede limits, write RURAL and give necrest lows reducted town reducted town reducted from partial form.  Several hours  C. CITY OR TOWN     contide cappede limits, write RURAL and give necrest lows reducted from partial form.  Several hours  Silver Spring  d. STREET ADDRESS  d. STREET ADDRESS  10,106 Georgia Avenue  Month Day Yes ON A First Month Day Hours  Divorceb Divorceb Now 10, 1890  100. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) Clerk (retired) Garfinkel's Dept. Store Newburg, New York  13. FATHER'S NAME  Daniel Platt Bull 15. WAS DECEASED EVER IN U. S. ARNED FORCES? (If yes, give wor or dolst of sarvice) 168 26 - 12 - 6521  No  18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), ond (c).]  PART I. DEATH WAS CAUSE By: Coronary Occlusion  DUE TO  Conditions, if any, which gove ities to immediate cause (a), stating the underlying OUE TO  Corditions, if any, which gove ities to immediate cause (a), stating the underlying OUE TO  Corditions if any, which gove ities to immediate cause (a), stating the underlying OUE TO	ion)						
b. CITY OR TOWN (If outside corporate limit, write RURAL and give neorest fown and give							
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress)  Kensington Armory  10,106 Georgia Avenue  10,107 Georgia Georgi	1)						
A. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)   A. STREET ADDRESS   C. I. S. RES ON A YES							
3. NAME OF DECASED    Top   Conditions, if any, which   Color   Color	FARM?						
See							
male white widowed bivorced Nov. 10, 1890    Solution							
male white widowed Divorced Nov. 10, 1890 68 yrs. works hours to be hours and the property of	24 HRS						
Clerk (retired)  Garfinkel's Dept.Store Newburg, New York  13. FATHER'S NAME  Daniel Platt Bull  15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 168-26-7391  NO  18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  Conditions, if ony, which gove rise to immediate couse (o), slating the underlying  DUE TO  Conditions to immediate couse (o), slating the underlying  DUE TO  Conditions to immediate couse (o), slating the underlying  DUE TO  Conditions to immediate couse (o), slating the underlying  DUE TO  Conditions to immediate couse (o), slating the underlying  DUE TO  DUE TO  Conditions to immediate couse (o), slating the underlying  DUE TO	Min.						
Daniel Platt Bull    Carrie Toleman	DUNTRY						
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yex. no, or unknown)  No  16. SOCIAL SECURITY NO. 168-26-7391 063-12-6521  Mrs. Ella F. Bull, Silver Spring, Md.  18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  Coronary  Conditions, if ony, which gove rise to immediate cause (a), stating the underlying  DUE TO  Conditions the underlying  DUE TO							
(If yas, give war or dates of service)   168-26-7391   Mrs. Ella F. Bull, Silver Spring, Md.							
18. CAUSE OF DEATH [Enter anly one cause per line for (o), (b), and (c).]  PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  Conditions, if any, which gave rise to immediate cause (a), stating the underlying  DUE TO  UNITEDIAL BETWEE ONSET AND DEATH ONSE							
THE RESIDENCE OF THE PROPERTY							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  History of previous heart desease  YES \( \sigma \) NO \( \frac{1}{2} \)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AI PERFOR  History of previous heart desease  YES   200. EXTERNAL CAUSE WAS PRIMARY   or CONTRIBUTING     CAUSE OF DEATH.							
20c, TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED While Not while at work at w	(Stote)						
21. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and opinion death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined manner .  ACTUAL SIGNATURE    ACTUAL SIGNATURE    ASSISTANT MEDICAL EXAMINER    2/22/59  DEPUTY MEDICAL EXAMINER    DEPUTY MEDICAL EXAMINER    2/22/59	in my						
22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, fawn, or county) (Stote)	_						
Cremation   Feb. 24, 1959   Fort Lincoln Crematory   Prince George's County, Mc	1.						
23. White the Pumphrey, Inc. Address Silver Spring, Md. Date FEB 25'59 Continue of The Pumphrey of The Silver Spring, Md.							

THE THE PARTY OF T SECTION COLD, CO. TOTAL COLDEN The second state of the second MANAGE WILL HOUSE TO STORE III Control to the last THANKS . . , the transfer and the state of the transfer of the state o

VS A15 (4) 15M 10/57

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2031 CERTIFICATE OF DEATH

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				2	U	U	E
-					4,		

S. SEX		2007				Keg. UI	ST. 140.
D. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest form)  QUANT GUARD (or encerts form)  QUANT GUARD (or encerts form)  QUANT GUARD (or HOS) (or encerts form)  QUANT GUARD (or encerts form)  QUANT GUARD (or encerts form)  QUANT GUARD (or encerts)  QUANT GUARD (or	o. COUNTY	<b>v</b>	MARYLAND	o. STATE		b. COUNTY	
OLNEY  OL			c. LENGTH OF STAY IN 16		outside corporate lis		
d. NAME OF HOSPITAL (If not in hospital, give street oddross)  NAME OF MONTGOMERY COUNTY GENERAL HOSPITAL  AVERY ROAD    A DATE   DATE   DATE   DEATH   DATE   DEATH   DATE   DEATH	RURAL ond give r	nearest town)			6.	ins, with KOKAL GIO	give nearest town;
OR INSTITUTION  MONTGOMERY COUNTY GENERAL HOSPITAL  AVERY ROAD  ON A FARM  MONTGOMERY COUNTY GENERAL HOSPITAL  AVERY ROAD  ON A FARM  FOR MONTGOMERY COUNTY GENERAL HOSPITAL  Moddle  LESTER BUTT  DAY!  DEATH  FROM PROAD  FOR MONTH  FROM PROAD  FOR MONTH  FROM PROAD  FROM PROAD  FOR MONTH  FROM PROAD  FROM		TAL ME and in bounded when the			26		
DAY ID   DAY ID   LESTER BUTT   DAY ID   LESTER BUTT   DAY ID	OR INSTITUTION				1		ON A FARM?
DECEASED  Type or print)  DAVID  LESTER BUTT  DEATH  FEBRUARY  14 19 55  5.5EX  6. COLOR OR RACE  7. MARRIED  NOTE  NOTE  NOTE  NOTE  NOTE  NOTE  100. USUAL OCCUPATION [Give kind of work done)  MALE  WHITE  WHODOWED  DIVORCED  NOTE  NOTE  NOTE  NOTE  NOTE  NOTE  NOTE  14. MOINTIEST MADDEN NAME  LESTER BUTT  SAME  WHITE  WHODOWED  DIVORCED  DIVORCED  NOTE  NOTE  NOTE  NOTE  NOTE  NOTE  14. MOINTIEST MADDEN IN Give kind of work done in the course per line for (o), (b), (c) (d), (c), (c) (d), (c), (c), (c), (c), (c), (c), (c), (c					T		
S. SEK   G. COLOR OR RACE   7. MARRIED   NEVER MARRIED   12   14/59   S. DATE OF BIRTH   12/14/59   Months   Dory   Mourts   Months   Mo	DECEASED	THE RESERVOIS			OF	_	
MALE WHITE WIDOWED DIVORCED 2/14/59  100. USUAL OCCUPATION (Give kind of work done) (Mo. KIND OF BUSINESS OR INDUSTRY IN. BETHPLACE (Stote or foreign country)  NOTE  11. BETHPLACE (Stote or foreign country)  NOTE  12. CITIZEN OF WHAT COUNT WAS DECEASED VER IN U. S. ARMED FORCES? (In. SOCIAL SECURITY NO. IV. INFORMANT Address)  NOTE  14. MOTHERS MAIDEN NAME  PRESTON EUGENE BUTT  15. WAS DECEASED VER IN U. S. ARMED FORCES? (In. SOCIAL SECURITY NO. IV. INFORMANT Address)  NOTE  16. SOCIAL SECURITY NO. IV. INFORMANT ADDRESS  17. INFORMANT ADDRESS  18. CAUSE OF DEATH (Enter only one course per line for (o), (b), and (c).)  PART I. DEATH WAS CAUSED BY:  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (o) IF WAS AUTOPS (b)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (o) IF WAS AUTOPS (b)  200. ACCIDENT WAS UNDERSYING (b)  200. ACCIDENT WAS UNDERSYING (b)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (o) IF WAS AUTOPS (c)  19. IN CONTRIBUTION (CAUSE OF DEATH I (ETHER) NOTIFY MEDICAL EXAMINEE)  200. ACCIDENT WAS UNDERSYING (COUNTY MEDICAL EXAMINEE)  201. ACCIDENT WAS UNDERSYING (COUNTY WE COUNTY	5. SEX	6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED	B. DATE OF BIRTH	9. AG	E (In years   IF UNDER	TYEAR IF UNDER 24 HRS.
NOTE		WHITE WIDOW	/ED DIVORCED			yrs.	Doys Hours Min
NONE STATHER'S NAME PRESTON EUGENE BUTT S, WAS DECERSEDEVER IN U. S. ARMED FORCES? In. SOCIAL SECURITY NO. INFORMANT NONE  IT INFORMANT NONE  INTERVAL BETWEEN ONSET AND DEATH ONSET A	On USUAL OCCUPATI	ON (Give kind of work done 10b	. KIND OF BUSINESS OR INDU	ISTRY 11. BIRTHPLACE (Stote	or foreign country)	12. CIT	IZEN OF WHAT COUNTRY
13. FATHER'S NAME  PRESTON EUGENE BUTT  S. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  NO. NO. NO. NO. NO. 17. INFORMANT  B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY.  DUE TO  Conditions, if any, which gove rise to immediate purpose couse (c), stoling the under lying couse lost.  (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (c) 19. WAS AUTOFS PERFORMED?  YES NO EVER IN THE OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Divers in the couse of the part of verification of verificati			None	MARYLAN	תע		ISA
15. WAS DECEASEDEVER IN U. S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT   NOTE   NOTE   HOSPITAL RECORDS   NOTE   NOTE   HOSPITAL RECORDS   NOTE   NOTE   HOSPITAL RECORDS   NOTE   NO			110110				
NOTE   HOSPITAL RECORDS   NDEY, MD.	PRESTON E	UGENE BUTT		CATHERINE	E PAULINE	CROWN	
NO   NOTE   HOSPITAL RECORDS   OLNEY, MD.			SOCIAL SECURITY NO. 17.	INFORMANT		Address	
B. CAUSE OF DEATH   Enter only one couse per line for (o). (b). and (c).		(it yes, give wor or dates of service)	None	HOSPITAL RECO	ORDS	OLNEY.	Mn
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While of work 19 Sep., and that death accurred at 3:05 M, fram the causes and an the date stated about a signature 19 Sep., and that death accurred at 3:05 M, fram the causes and an the date stated about 19 Sep., and that death accurred at 3:05 M, fram the causes and an the date stated about 19 Sep., and that death accurred at 3:05 M, fram the causes and an the date stated about 19 Sep. Sep. Sep. Sep. Sep. Sep. Sep. Sep.	PART I. DE.  756.2  Conditions, if a gove rise to couse (a), stoting lying couse lost.	ATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  DUE TO  DOINY, which immediate the under- (c)	mycenty				ONSET AND DEATH
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While of work 19	PART II. OT		CONTRIBUTING TO DEATH BUT	T NOT RELATED TO THE TERM	AINAL DISEASE CON	DITION GIVEN IN PAR	19. WAS AUTOPSY PERFORMED? YES NO
21. I certify that I attended the deceased fram FEB. 14 , 19.59, to FEB. 14 , 19.59, that I last saw the decear alive an BEB. 14 , 19.59, and that death accurred at 3:05 M, fram the causes and an the date stated about the state		G CAUSE OF DEATH	SCRIBE HOW INJURY OCCURRE	ED. (Enter nature of injury in	Port I or Part II of	item 1B.)	
alive an BEB 14 , 19 59 , and that death accurred at 3:05 M, from the causes and an the date stated about ADDRESS (Street, city or town, stote)  ACTUAL SIGNATURE M.D. 2/14,  PHYSICIAN'S NAME (Type) A.D. BOMITFANT, M.D. SANDY SPRING, MD.  120. BURIAL CREMATION, 120. DATE THEREOF REMOVAL (Specify) Burial 2/18/59 Rockville Cemetery Rockville Maryland  13. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR'S SIGNATURE	20c. TIME OF INJUI Hour a. m. p. m.	While	Not while fo	ACE OF INJURY (Home, for octory, street, office bldg., et	m, 20f. (City or tov	vn) (0	County) (State)
NAME   Type)   A.D. BOM   FANT, M.D.   SANDY SPRING, MD.	alive an B	4.4			M, fram the	causes and an th	
REMOVAL (Specify)  Burial 2/18/59  Rockville Cemetery Rockville Maryland  3. FUNERAL DIRECTOR'S SIGNATURE  ADDRESS 240. REC'D BY REGISTRAR'S SIGNATURE		A.D. BONTFANT	M. D.	SANDY	SPRING.	Mo.	, ,
3. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE	REMOVAL (Specify	) , ,			22d. LOCATION (	City, town, ar county)	(Stote)
FED 2 E '50				Cemetery	Rock		
Robert A. Pumphrey Bethesda, Maryland DATE FEB 25 59 Chilling & Thank	). FUNERAL DIRECTOR	'S SIGNATURE	ADDRESS				10
	Robert A	A. Pumphrev	Bethesda, Ma	arvland DATE FI	EB 2 5 '59	arthur S.	Mails

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			<b>设施</b> 证 (10)
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			or make and
	Marketta Company		
			CONTRACTOR AND ADDRESS.
	THE PARTY	Tel .essempin	
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			anden in box in

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 2032

## CERTIFICATE OF DEATH

020	104
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215

				Keg. Dist. No. ←⊥/
1. PLACE OF DEATH o. COUNTY Montgomery	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Virginia	ere deceased lived. If institution b. COUNTY Arlingt	
b. CITY OR TOWN (If autside carparate limits, write	c. LENGTH OF STAY IN 16		utside carporate limits, write RU	
RURAL ond give negrest town)	1 day		Ø.	2 4 9
Bethesda (Rural) d. NAME OF HOSPITAL (If not in hospital, give street		d. STREET ADDRESS	0 .	e. IS RESIDENCE
OR INSTITUTION	044,634		1) 01	ON A FARM?
U. S. Naval Hospital		1130 S. 16	· · · · · · · · · · · · · · · · · · ·	YES NO 🔀
3. NAME OF First DECEASED (Type or print) Berton	Middle Johnson	BYERS	4. DATE Month OF DEATH Febr	
5. SEX 6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED	B. DATE OF BIRTH		IF UNDER 1 YEAR IF UNDER 24 HRS.
Male Caucasian WIDOW		7-21-10	last birthday)	Months Doys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b.				12. CITIZEN OF WHAT COUNTRY
during most of working life, even it refired)				
Mariner U.	S. Navy	Tennes  14. MOTHER'S MAIDEN N		U.S.A.
Charles Clinton BYERS			es HUTCHINSON	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.  (Yos. no. or unknown) (If yes, give wor or dates of service)		INFORMANT	Addre	**
Yes   1927 to 1959   1	+20 <b>-5</b> 2-5087 (1	N) Agnes Marie	Byers, same a	s #2 above
18. CAUSE OF DEATH [Enter only one cause per li PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if only, which )	ne for (a), (b), and (c).	in of My	excerting	INTERVAL BETWEEN ONSET AND DEATH
gove rise to immediate cause (a), stating the under-lying couse last.		7,600	Ruser	- soury.
Part II. OTHER SIGNIFICANT CONDITIONS				N IN PART I(a) 19. WAS AUTOPSY PERFORMED?
206. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRI	tD. (thier nature at injury in h	ort for Parl II of item IB.)	
ZOC. TIME OF INJURY Month, Day, Year 20d. I Hour a. m. 19 While of wol	Not while fo	LACE OF INJURY (Home, farm, actory, street, affice bldg., etc.	20f. (City or town)	(County) (State)
21. I certify that I attended the decease alive on February 4 , 19  ACTUAL SIGNATURE , PHYSICIAN'S		h occurred at 11:03	bruary 4, 1959  AM, from the couses or address (Street, city or town, state of the coupers). NN  1 Hospital, NN	
NAME (Type) R. G. MUTH, LT.			4, Maryland	
220. BURIAL, CREMATION, 22b. DATE THEREOF 2-9-59	22c. NAME OF CEMETERY O		22d. LOCATION (City, town, or Arlington	va (Stote)
23. FUNERAL DIRECTOR'S SIGNATURE Adams Funeral Home, 4748	Wisc. Ave.NW,	240. REC'U		TRAR'S SIGNATURE

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTAL After this certificate has been signed by the attending physician and completely filled in by the page 3 shauld be détached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 shauthe registrar priar to burial, crematian, ar removal, and in any event within 72 haurs after death.

VS A15 (4) 15M 10/57

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	House the Principle of the Con-			
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CERTIFICATE OF DEATH 2033Reg. Dist. No. Page 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY filed b. COUNTY MARYLAND death. CENGTH OF STAY IN 16 b. CITY OR TOWN (If outside carporote limits, write c. CITY OR TOWN (If outside corporate limits, write RURAL and give neavest town) Pe RURAL and give nearest toy d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO DE NAME OF 4. DATE Middle Day Yeor DECEASED OF DEATH (Type or print) 19 5 5. SEX OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthday) Months Days Hours DIVORCED | WIDOWED K yrs. 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY plying most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? 11. BIRTHPLACE (Stote or foreign country) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT Address ending 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) 420.0 **DUE TO** Talk with Conditions, if ony, which gove rise to immediate DUE TO couse (a), stoting the underlying couse lost. PARTUL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Hame, form, 20f. (City or town) Doy, Year 20d. INJURY OCCURRED (County) (State) factory, street, affice bldg., etc.) Hour o. m. Not while of work of work D m 21. I certify that I attended the deceased from Ful-4 \_\_, 1955, ta 1950 that I last saw the deceased \_\_\_ and that death occurred at \_ 6 A M, fram the causes and an the date stated above. ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL be 3 shauld 2029 "0" Street, N. W. Washington, D. C. Earl H. Mitchell NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) Bur. - Transit 2/10/59 Memorial Park St. Petersburg, Florida 23. PUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE ethesda. Maryland

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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Sanington, D. C T		45 O e198 Heft 17 E 448	
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	bnaly	Tell (Mary Harry Mary	

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2034

## **CERTIFICATE OF DEATH**

Reg. Dist. No. 215

1	1. PLACE OF DEATH  o. COUNTY  Montgomery  MARYLAND					2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY Anne Arundel							
	b. CITY OR TOWN (If RURAL and give ne	d lb	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)							2)			
	d. NAME OF HOSPITA	(Rural) AL (If not in hospitol. gi al Hospital		17 days		d. STREET A	DDRESS	·	0 8	× × ×	•		SIDENCE FARM?
3	NAME OF DECEASED	Firs		Middle		lasi		4. DATE OF	Mon		Do		Yeor
	(Type or print)	Edgar		Edwin		CALDWEI		DEATH	Febru	-	23		1959
S	. SEX			RIED NEVER MARRIED	B	DATE OF BIRTH			9. AGE (In years lost bighday)	Months	Doys	Hours	
	Male	Caucasian			-	8-20-92			lost birthdoy) 66 yrs.	, wonthis	Doys	Hours	Min.
1	Oo. USUAL OCCUPATIO during most of work Mariner	N (Give kind of work d ing life, even if retired)		KIND OF BUSINESS OR	INDUST		ACE (State	or foreign co	untry)		U.S.		COUNTRY
13	3. FATHER'S NAME					14. MOTHER'S	MAIDEN	NAME					
	William R.	Caldwell				Laura	Ade:	le Whit	tnev				
15	S. WAS DECEASED EVER		ES? 16.	SOCIAL SECURITY NO.	17. IN	ORMANT			Add	ress			
Ĺ	Yes, no. or unknown) Yes	WWI & WWI]	rvice)	212-28-1620	(W	) Mary A	gnes	Caldwe	ell, sam	e as	#2 8	above	9
CEPTIEICATION	Conditions, if on gove rise to in couse (o), stoting t lying couse lost.	he under- DUE TO (c) ER SIGNIFICANT CONE	DITIONS	CONTRIBUTING TO DEAT	H BUT N	IOT RELATED TO				'EN IN PAR	4-	PERFO	OS.
		MEDICAL EXAMINER)		CRIBE HOW INJURY OCC	Oe. PLA(	E OF INJURY (1	lome, form	n, i 20f. (City			County)		(Stole)
MEDICAL	Hour o.m. p.m.	19	While of wor		facto	ory, street, affice	bldg., etc	-)	N. Lat.		/1		(2.5.5)
	21. I certify the alive on Febr  ACTUAL SIGNATURE  PHYSICIAN'S NAME (Type) J		_, 19_5	ed from Februa 59, and that d	leath (	occurred at	12:25	P.M. fram ADDRESS (Sirval Hos	the causes o	ind on t		te stote	
7	O. BURIAL, CREMATION			22c. NAME OF CEMET	ERY OR		ie bud		ON (City, town,	or county)		(Stote	e)
	REMOVAL (Specify)	2-26-59	2	Annapolis	Nat	ional			apolis		Max	ryla	
23	John M. Ta	cer 1, cy	Jon B. A	nnopolis, M	i.			2 6 '59		STRAR'S SIG			

ral director, se filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 **D FUNERAL DIREC**: After this certificate has been signed by the ottending physician and completely filled in by the page 3 should be detached for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 sho the registrar prior to burial, cremation, or removal, and in any event within 72 hours ofter death. may be retained to the hospital or attending physician.

TO FUNERAL DIRECT: After this certificate has been signed by page 3 should be detached for use as the burial-transit permit. VS A15 (4) 15M 10/57

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FOR STATE HEALTH DEPT.

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# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

203 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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2000	Keg, Dist. No.
1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceosed lived. If institution: Residence before admission)
montgomery MARYLAND	o. STATE b. COUNTY M. CONTE.
b. CITY OR TOWN It outside or porate limits, write BUAL c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Silver sping 8 ms	56 Ailes som
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give freet address)	8. STREET ADDRESS e. IS RESIDENCE
10112 Pierce Din	101/2 Vierce In ON A FARM?
3. NAME OF DECEASED (Type or print) Cltha Perul Carach	Last A. DATE Month Day Year OF DEATH FOR 5 1957
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	DATE OF BIRTH  9. AGE  In years   IF UNDER 1YEAR   IF UNDER 24 HRS.
Hench What WIDOWED DIVORCED	6-1-1891 67 yrs. Months Doys Hours Min.
106. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUST during) most of working life, even if retired)	RY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
nouseurife	Kausas M.S.a
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
UM Ci Casterday	Cumi Varsons
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. If (Yes, no, or unknown)   (If yes, give wor or doles at respice)	NFORMANT Address
1	The J. Camp feel Item 2
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Commany our	
1420.1 DUE TO	
Conditions, If ony, which) (b)	
gove rise to immediate couse (o), stating the underlying DUE TO	
couse lost. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
3 Heating of Assure heart N	estar for several years YES NO B
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N  200. EXTERNAL CAUSE WAS PRIMARY GO CONTRIBUTING  20b. DESCRIBE HOW INJURY OCCURRED. (E PRIMARY GO CONTRIBUTING	nter noture of injury jn/Port I or Port II of item 18.)
PRIMARY OF CONTRIBUTING TO CAUSE OF DEATH.	
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE Hour o. m. While Not while	CE OF INJURY (Home, form, 120f. (City or town) (County) (Slote)
Hour o. m. While Not white facts of work of work	pry, street, office bldg., etc.)
21. I certify that I took charge of the remains described about	ve, held on Autopsy , Inspection , Inquiry , ond in my
opinion death resulted from: Notural causes 7, Accident	
opinion death resulted from: Notatial causes 17, Accident	, Suicide, Undetermined monner
SIGNATURE Trank of Brose hout	M.D. CHIEF MEDICAL EXAMINER   DATE SIGNED
SIGNATURE STATE OF THE STATE OF	ASSISTANT MEDICAL EXAMINER
EXAMINER'S FLANK J. BLASCHANT	DEPUTY MEDICAL EXAMINER 2 - 5- 59
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR	CREMATORY 22d. LOCATION (City, town, or county) (State)
Burial 2/9/59 Mt. Olivet	Cemetery Washington.D.C.
23. FUNERAL DIRECTOR'S SIGNATURE 2007 TAPPERS St. 1	W 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
The S.H. Hines Co. Washington , DC	DATE FEB 9 '59 arihar S. Krous

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate word "pending" in pending in them. 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any evest-within 72 hours after death. VS. A15ME 5M 2/57

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## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 2036 **CERTIFICATE OF DEATH**

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1. PLACE OF DEATH o. COUNTY MARYLAND	USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)     o. STATE     b. COUNTY
Montgomery	Maryland Montgomery
b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Kensington	X Chevy Chase
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?
Kensington Gardens Sanitarium	7 3703 Thornapple Street   YES□ NO 🔯
3. NAME OF DECEASED First Middle	Last 4. DATE Manth Day Year
(Type or print) toy-dow	Death Feb. 26 1959
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
Male Zulite WIDOWED DIVORCED	Oct. 21, 188 V 76 yrs. 4 5 Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	STRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
2 N914ECV	Ohio
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Unknown	Unknown
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN	NFORMANT Address
No Yes-Unknown	Mary. L. Canaga-wife-same as 2d
1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Tromia Torm	ONSET AND DEATH
446 X DUE TO A A	and sometimes
Conditions, if any, which ) the Alas Clerk	0.44
gave tise to immediate	329
couse (a), stating the under bying couse lost.	1 1 2 m 21 0 1400 Sunt
	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
O THE SIDE OF CANADA CONTRIBUTION OF CONTRIBUT	PERFORMED?
o Hemplegia, night sen	VES NO D
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT  100. ACCIDENT WAS UNDERLYING 1 20b. DESCRIBE HOW MIJURY OCCURRED  100. OR CONTRIBUTING ID CAUSE OF DEATH  100. (IF EITHER, NOTIFY MEDICAL EXAMINER)	). (Enter nature at injury in Part I or Part II at item 18.)
3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA	ACE OF INJURY (Home, farm, 20f. (City or tawn) (County) (State)
19	tory, street, office bldg., etc.)
	1050 1 210626 1059.
21. I certify that I attended the deceased from.	
olive on 12-15, ond that death	occurred of 4.5 M, from the couses and on the date stoted obove
ACTUAL STUDIES ON A S	ADDRESS (Street, city or town, state)  DATE SIGNED
SIGNATURE	4.0. 2921 Ligomar 2/1140 2.26:5
PHYSICIAN'S STEWART Clabp	wash 15 D.C.
220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OF	R CREMATORY 22d. LOCATION (City, town, or county) (State)
Burial 2/28/59 Parklawn C	emetery Rockville, Maryland
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
Robert A. Pumphrey Bethesda, Ma	1890 A 150
The state of the s	

of director, O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by After this certificate has been signed by the ottending physicion and completely filled in by the page 3 should be detached for use as the buriol-transit permit. Then please remove corbon papers. Pages 1 and 2 shou the registrar prior to buriol, cremotion, or remaval, and in any event within 72 hours ofter death. TO FUNERAL DIRECT VS A15 (4) 15M 10/57

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VS A15 (4) 15M 10/57

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2037 **CERTIFICATE OF DEATH** 

Reg. Dist. No.

1. PLACE OF DEATH			MARYLA		USUAL RESIDENCE (Vo. STATE	Where deceases	b. COUNTY		ce before	admissi	ian)
MONT GOMERY	If outside corporate limi	its write	c. LENGTH OF STAY IN	16	MARYLAND MONTGOMERY  c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)						
RURAL and give n		,					rore limits, write i	OKAL ONG S	give neur	esi iowii	1
OLNEY	AL (If not in hospital, g		6 DAYS	X	GAITHERS	BURG					
OR INSTITUTION	-10 - 5 m (5 / 2			/	d. STREET ADDRESS				e	ON A	FARM?
MONTGOMERY				NCL	RT. #1					162	NO V
3. NAME OF DECEASED (Type or print)	fir (I a c	SPER	Middle LEE		Lost CANFIELD	4. DATE OF DEATH	FEBRU		Doy		Yeor 19 <b>59</b>
S. SEX			RIED NEVER MARRIED		ATE OF BIRTH		9. AGE (In years	IF UNDER			. /
MALE	WHITE	WIDOW			10/2/70		last birthday) 88 yrs.		Days	Haurs	Min.
10a. USUAL OCCUPATIO	ON (Give kind of work	dane 10b.	KIND OF BUSINESS OR	INDUSTRY	11. BIRTHPLACE (Sta	te ar foreign c	ountry)	12. CIT	IZEN OF	WHAT	COUNTRY
Ret1	red Farme	r			WEST VI	DCINIA			USA		
13. FATHER'S NAME				li.	. MOTHER'S MAIDEN				USA		
Unk now	1				Unk mwr						
IS. WAS DECEASED EVE	R IN U. S. ARMED FOR	RCES? 16.	SOCIAL SECURITY NO.	17. INFO	RMANT		Add	ress			
(Yes, no, or unknown)	(If yes, give wor or dates of s	service)	None		HOSPITAL	Pecapa	0.	NEY.	Mn		
IR CAUSE OF DEA	TH Fester only one or	nute per li	ne far (a), (b), and (c).]		HUSPITAL	NECORD.	, 01	NEI		VAL BE	TIMEENI
PART I. DEA  443 X  Conditions, if a gove rise to i cause (o), stating	TH WAS CAUSED BY:  IMMEDIATE CAUSE (o  DUE TO  ny, which (b) mmediate	1 + 9 ×	eHeav	t	Failu ou. A	revio	sclero	tic	ONSE	TAND	DEATH
lying cause last.	) (c	-1	augrene to peat	FOR THE	DELATED TO THE TER	Minas Dierasi	COMPINION	45. 4. 4. 4. A. A.	1 110	14/46	ALIZORGY
OTA THE OTHER	TER SIGNIFICANT CON	IDITIONS I	CONTRIBUTING TO DEATH	ROI NOI	KETATED TO THE TER	MINAL DISEASI	E CONDITION GIV	EN IN PARI		PERFO	RMED?
(IF EITHER, NOTIFY	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER	20b. DES	CRIBE HOW INJURY OCC	URRED. (E	nter nature af injury i	n Part I ar Part	II of item 18.)				
20c. TIME OF INJUR Hour a.m. p. m.	Y Month, Day, Yes	or 20d. I While at war	Not while	e. PLACE (	OF INJURY (Home, fa street, affice bldg., e	rm, 20f. (City	or tawn)	(0	County)		(Stote)
21. I certify th	at I attended the	deceas	ed from 19	「ソー	. 19 to 4	2/25	19 1	9 that 11	ast say	u the	docease
olive on	2/20	19		eath ac	urred at 2:40	P M. fron	the couses of	and an th	ne date	state	d abay
		0	1				reet, city ar tawn,		.5 5516		ATE SIGNE
ACTUAL SIGNATURE	mais	1	Leul	M.D.	Sant	lun	6	in	9.		
PHYSICIAN'S NAME (Type)	La LEAL	М.	0		GAJT	HERSBU	RG. MARY	LAND			
220. BURIAL, CREMATIC REATONAL SPACETY)			Hiney Ceme				Nest		ini	(State	e)
23 FUNERAL DIRECTOR	S SIGNATURE	Т	ADDRESS aytonsvil	10		C'D BY REGIST	RAR 24b. REGI	STRAR'S SIC	NATURE		

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# YLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH

Reg.	Dist.	No.	21	5
			LA.	-

1	1. PLACE OF DEATH o. COUNTY  Montgomery	MARYLAND	2. USUAL RESIDENCE (WHO O'STATE DISTRICT C	ere deceased lived. If institution of Columbia County	n: Residence before admission)			
1	b. CITY OR TOWN (If outside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If o	outside corporate limits, write RL	JRAL and give nearest town)			
1	RURAL and give nearest town)  Be the sda (Rural)	56 days	Washington	D.C.	47x-3			
	d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION	oddress)	d. STREET ADDRESS e. IS RESIDENCE					
I	U.S. Naval Hospital		1406 ATTis	on Street N.W.	ON A FARM? YES NO NO			
	3. NAME OF First	Middle	Lost	4. DATE Mont				
	OFFICE ASED (Type or print) Joseph	Francis (	CARMODY	of DEATH February	7 1959			
	5. SEX 6. COLOR OR RACE 7. MARK		B. DATE OF BIRTH	9. AGE (In years last birthday)	Months Days Hours Min.			
1	Male Caucasian WIDOW	ED DIVORCED	3-19-76	82 yrs.	Months Days Proofs Min.			
	10a. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)	KIND OF BUSINESS OR INDU	JSTRY 11. BIRTHPLACE (State	ar fareign country)	12. CITIZEN OF WHAT COUNTRY			
		U.S. NAVY	IRELAND		U.S.A.			
	13. FATHER'S NAME		14. MOTHER'S MAIDEN N	IAME				
И	Timothy CARMODY		Mary Ann	ALIMAN				
1	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT	Addr	ess			
	Yes, no. or unknown) (If yes, give wor or dates of service) Yes 1892 to 1926	1	Mary C. CARMOD	V 1406 ATT.TS	ON STREET W.D.C.			
ł	18. CAUSE OF DEATH [Enter only one cause per lin		dary C. Chiefor	T TAOO MINISTE				
1	PART I. DEATH WAS CAUSED BY:	10 (d), (d), and (c).	2.1	61	ONSET AND DEATH			
1	5 9 1 IMMEDIATE CAUSE (o)	11 cul 1-	reemmen are	1 Calma				
1	Jac / · dc DUE TO							
	Canditions, if any, which (b)							
	cause (a), stating the under-							
	lying cause last. (c)							
	PART II. OTHER SIGNIFICANT CONDITIONS OF CONTRIBUTING CAUSE OF DEATH OF CHIPPER NOTIFY MEDICAL EXAMINER	CONTRIBUTING TO DEATH BUT	T NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIV	EN IN PART 1(a) 19. WAS AUTOPSY PEREORMED?			
1	<u> </u>				YES NO			
ı	20g. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH	CRIBE HOW INJURY OCCURRE	ED. (Enter nature of injury in F	Port I or Port II of item 18.)				
I								
1			ACE OF INJURY (Home, form	, 20f. (City or town)	(County) (State)			
1	Hour a.m. While of war	Not while	actory, street, office bldg., etc.					
1	21. I certify that I attended the deceas	-de-December	12 1058 .Feb	ruary 7 ,59				
ı	alive an February 7							
1	alive and cold and y	, and that death		M, fram the causes a ADDRESS (Street, city or town, :	nd an the date stated above			
ł	ACTUAL OF MAN	10/1.			- 0			
d	SIGNATURE TO THE TOTAL	(12110	M.D. U.S. Naval	Hospital NNM	2-0-59			
	PHYSICIAN'S J. W. DAVIS L'T MC	USN	Bethesda,	14 Maryland				
f	22a. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY C		22d. LOCATION (City, town, o	r county) (State)			
	Burial 2-11-59	Arlington Na	tional	Arlington	VA.			
-	25. FUNERAL PREGIOR'S SIGNATURE,	ADDRESS	24a. REC'I	D BY REGISTRAR 24b. REGIS	TRAR'S SIGNATURE			
1	S.H. HINES 2901 14th Stre	et N.W. Washi	ngton, D. COMTEFE	B 1 0 '59 and	Lour S. to ad			
III.	And the second s							

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	1920 to 28 Sept 195 1911 A Sept 200 because the 1910 to 200 because the 1910 to 200 because on		

VS A15 (4) 15M 9/58

NDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

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## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 2039

CERTIFICATE OF DEATH

					Reg. Dist. 140	,
1. PLACE OF DEATH  o. COUNTY  M	ontgomery	MARYLAND	2. USUAL RESIDENCE (WO. STATE Maryland	here deceosed lived. If institu b. CONNI	ntgomer	
	(If outside corporate limits, write nearest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (IF	outside corporote limits, write	RURAL ond give ne	earest town)
OR INSTITUTION	ITAL (If not in hospital, give street aymond Street		/d. STREET ADDRESS 3522 RayT	mond Street		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	MODEN	Middle	CHESTER	4. DATE MO PER	eb. 20,	1959
5. SEX Female	Y The of Asia	RRIED NEVER MARRIED DIVORCED DIVORCED	April 9, 18	9. AGE (In yeor lost birthdoy)	IF UNDER 1 YEAR	Hours Min.
Housew	rking life, even if retired)	b. KIND OF BUSINESS OR INDU	Kentucl	ky	U.S.	A.
13. FATHER'S NAME	7 D		14. MOTHER'S MAIDEN			
Joseph		A SOCIAL SECURITY NO	INFORMANT	d Craigg	ddress	
(Yes, no, or unknown)	(If yes, give war or dates of service)		Clay G. Wall		ove #2	
Conditions, if gove rise to couse (o), stoting lying couse lost	immediate g the <u>under-</u> (c)	S CONTRIBUTING TO DEATH BU	I NOT RELATED TO THE TERM	NINAI DISEASE CONDITION G	SIVEN IN PART I(o)	19. WAS AUTOPS
E 200. ACCIDENT W		ESCRIBE HOW INJURY OCCURRE				PERFORMED? YES NO
UIF EITHER, NOTIF	Y MEDICAL EXAMINER)  IRY Month, Doy, Year 20d Whi	t.	ACE OF INJURY (Home, forrictory, street, office bldg., etc		(County	) (Stote
21. I certify to alive an	J. Chester Bra	39, and that death	1927, to 1 n accurred at 12:45	M, fram the causes of ADDRESS (Street, city or town	and an the dat	w the decease e stated abov DATE, SIGNE
Burial-T			mel Cem.		o., Keni	(Stote) tucky
23. FUNERAL DIRECTO		ADDRESS	Laboratory and the second seco		GISTRAR'S SIGNATU	
Robert A	. Pumphrey,	Bethesda 14,	MO. DATE	EB 2 5 '59	J. Ilmy S. Fy	aus

Prontogonery Services vranagonery

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Jesesta vvedta - - - -

1922 Raymond Street, - 7522 deviced Street or -

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wolcan A. Prubbrey, Berhauda 14, Md.

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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-		&U4&MEDICAL EXAMI	AEK 3	CERTI	PICATE OF	DEATH	Reg. Dist	. No. 215
PT.	1.	PLACE OF DEATH  o. COUNTY  Montgomery  MA	ARYLAND		sylvania	osed lived. If instit b. COUNT		ce before admission)
	1	b. CITY OR TOWN (II outside corporate limits, write RURAL ond give nearest fown)	AY IN 1b		TOWN (If outside co	rporote limits, write	RURAL ond g	ive noorest town)
1		Bethesda (Rural) 6 days		Phil	adelphia		75 x-	3
_	-	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street add	iress)	d. STREET A	ADDRESS			e. IS RESIDENCE ON A FARM?
1/		U. S. Naval Hospital	45.0	1249	N. 2nd St	reet		YES NO
		NAME OF First Middlo DECEASED First Forest		COLLI	4. DATE OF	Mont		Day Yeor 26 1959
	5. 5	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARR	RIED B	DATE OF BIRTH		9. AGE [In years loss birthday]	IF UNDER 11	
		ale Caucasian WIDOWED DIVORCE	-	1-19-3		20 yrs.	Months De	bys Hours Min.
	10e	s. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS C during most of working life, evon if retired)	DR INDUST	RY 11. BIRTHPL	ACE (State or foreign	country)	12. CITIZE	N OF WHAT COUNTRY
		U. S. Marine Corps			nsylvania		U.S	.A.
	-	FATHER'S NAME		-	MAIDEN NAME			
	1	Daniel COLLINS		Marga	ret STARR			
	15.	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY N	0. 17. 11	NFORMANT		Address		
	1110	Yes 1956 to DOD 180-30-8304	(N	Mrs.	Margaret S	. Collins	s. same	as #2
	-	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]		.,				INTERVAL DELWEEN
		PART I. DEATH WAS CAUSED BY: Intracerebra	1 her	orrhage			41.30	6 days
		8 2 2 × DUE TO						o day b
~		Conditions, if ony, which) (b)						
		gave rise to immediate couse						
		(a), stoting the underlying couse last.						
2	CATION	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DE	ATH BUT N	OT RELATED TO	THE TERMINAL DISEA	SE CONDITION GI	VEN IN PART I	(o) 19. WAS AUTOPSY PERFORMED?
	CERTIFI	200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCC	CURRED. (E	inter noture of in	jury in Port I or Port I	I of item 18.)		
		CAUSE OF DEATH. Passenger in je	ep wh	nich hit	rut and o	verturned	3	
	MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED	20e. PLA	CE OF INJURY (Fory, street, office	Home, form, i 20f. (Cit	ly or lown)	(Count	(Stote)
8	MED	9:30 XX. 2-20 1959 of work of work				ine Corps	Base,	Quantico, V
		21. I certify that I took charge of the remains describ						
		apinian death resulted from: Natural causes, Ac		_	Homicide		ermined mo	
		ACTUAL Frank & Browntone	+	CHIEF M	SEDICAL EXAMINER	1		DATE SIGNED
5		SIGNATURE Frank J. Browniai		M.D. ASSISTA	NT MEDICAL EXAMIN	ER []		07 50
d		EXAMINER'S NAME (Type) Frank J. BROSCHART, M.D.			MEDICAL EXAMINER		2	27-59
	220	BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEM		CREMATORY	22d. LOC	ATION (City, town,	or county)	(Stote)
		REMOVAL (Specify)  Rundel  3-2-59  Arlingto				ington		Va.
	23.	FUNTERAL DIRECTOR: OSIGNATURE COMMON ADDRESS	11 110	701347	24o. REC'D BY REGIS		STRAR'S SIGN	
		Adams Funeral Home, 4748 Wisc. Ave., N	IW. WE	sh.DC	DATEMAR 2	59 a	Thung S. A.	Track
	L							

SOMERHOAL ENGLATINES CERTIFICATE OF DEATH STARTED BY TO WELL STARTED BY STARTED

VS A15 (4) 15M 10/57

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
2043 CERTIFICATE OF DEATH

12014

Reg. Dist. No. 215

a. (	ACE OF DEATH			MARYLAN		USUAL RESIDENCE (V		. b. COUNTY	on: Residence	before admi	ssion)
	ontgomer	outside corporate limi	ls. write	c. LENGTH OF STAY IN	1b	C. CITY OR TOWN (II			URAL and giv	e negrest toy	wnl
1	RURAL and give ne	orest town)						117	~>		
	ethesda			21 hours		Washington		41X	- 5	10.00	ECIDENIES.
d.	OR INSTITUTION	AL (If not in hospital, g	live street	address)		d. STREET ADDRESS		1000		e. IS KI	A FARM?
U	. S. Nava	al Hospita	L			1826 New H	lampshi	re Ave.,	N.W.	YES [	□ но 🕅
3. NA	ME OF CEASED	Fic	st	Middle		Last	4. DATE OF	Mon		Day	Yeor
	pe or print)	Freder		Douglass		COLLINS	DEATH	Febri		27	19 59
S. SEX	(	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIED	B. DATE OF BIRTH  9. AGE (In years   IF UNDER 1 YEAR IF UN Months   Days   Hou						
Ma	le	Negro	WIDOW	ED DIVORCED		8-24-93		65 yrs.	Months D	oys Hours	Min.
10a. U	JSUAL OCCUPATIO			KIND OF BUSINESS OR IN	NDUSTR	11. BIRTHPLACE (Sto	te or foreign c	ountry)	12. CITIZI	EN OF WHA	T COUNTRY
-	becial P		,	U.S.Govt.		Vira	inia		II.S	S.A.	
	THER'S NAME		-	0,00,00	1	14. MOTHER'S MAIDEN			1 0 8 44	202.0	
т	eremiah (	OT T TNG				Mary (Unkn	lown)				
		R IN U. S. ARMED FOR	CES? 16	SOCIAL SECURITY NO. 1	17. INFO	RMANT		Add	ress		
(Yes, no	o, or unknown)	If yes, give war or dates of t		_	1	Mrs. Amand	o H C			#2 8	hove
Y	es	WWI		577-20-8757	(W)	Mrs. Miland	a II. U	OTTIMB,	JOHN OF	3 1/2 4	
18		TH WAS CAUSED BY		ine for (o), (b), and (c).]	lin	out to	enson	whane		ONSET AN	
	330x	IMMEDIATE CAUSE (d		f.	0,0	- / 0	,	,,,,,		- Salar	1 41 1
			_	D. moden	1111	1. 110 40	/	dina.	0 ~ A	15	. 242 .1
	Conditions, if or gave rise to in	nmediate	,	my jen root	ni	jouse	Lavery	MAKA	Lail	10	Yho.
(	couse (o), stoting		)	1'							-
_	lying couse lost.	) (c									
CERTIFICATION	PART II. OTH	ER SIGNIFICANT CON	IDITIONS	CONTRIBUTING TO DEATH	BUT NO	OT RELATED TO THE TER	MINAL DISEAS	SE CONDITION GIV	PART 1	PERF	FORMED?
ERTIF!	Oa. ACCIDENT WA	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCU	JRRED. (	Enter noture of injury i	n Part I or Par	rt 11 of item 18.)			
	C. TIME OF INJUR		- 100 1 4	NUMBER 20	DIACE	OS INITION IN 1-	- I not sois				10.1.1.1
MEDICAL 02	Hour a.m.	19 Month, 19dy, 19	While		foctor	OF INJURY IHome, for y, street, office bldg., e	etc.)	y or town)	(Co	unty)	(State)
2	1. I certify th	at Lattended the	deceas	sed from Februar	'v 2	5. 1959 toFe	bruarv	27 1959	that I la	st saw the	e decenses
	live on Feb			29, and that de	-						
	THE OILTEN	3.01		, und mar de	uiii u	COLLEG OLTANA		Street, city or town,			DATE SIGNED
A	CTUAL	0 1	9 /	Muit		77 6 57			•	0	OT CO
Si	GNATURE	1.00		1 hours	M.D	U.S. NE	ANAT HO	spital,	NIMC		41-29
	HYSICIAN'S IAME (Type)	R. G. MUT	н, ы	r, MC, USN		Bethesda	14, N	aryland			****
	BURIAL, CREMATIO	N, 22b. DATE THEREC	)F	22c. NAME OF CEMETER	RYORC	REMATORY	22d. LOCA	TION (City, town,		,	ote)
	REMOVAL (Specify)	3-32-59		Arlington	a Na	tional	Ar]	Lington		Virgin	iia
	INTERAL DIRECTOR			ADDRESS			C'D BY REGIS		STRAR'S SIGN	NATURE	
Rit	PUS N. HO	rton Co. I	322	U STREET, NW	. Wa			0	hun & fl		
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	204	4	CEKTIFICA	AIE OF DEAT		Reg.	Dist. No.	
. PLACE OF DEATH o. COUNTY	INT GOMERY		MARYLAND	2. USUAL RESIDENCE (W o. STATE MARY	h	COUNTY	ence before admi	
b. CITY OR TOWN RURAL and give KENS) N		ils, write c. LEN	IGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporate lin	nits, write RURAL on	d give nearest low	n)
d. NAME OF HOSI OR INSTITUTION	PITAL (If not in hospital, N	give street address		14472-13	BRUUIFIE	in DRI	VI ON	SIDENCE A FARM?
NAME OF DECEASED (Type or print)	MARG		B.	COLLINS	4. DATE OF DEATH	F EB	Day 77	Year 19 5 9
Female	6. COLOR OR RACE WHITE	7. MARRIED	DIVORCED	B. DATE OF BIRTH OCT 231	890 P. AGI	(In years birthday) Months	ER 1 YEAR IF UND	Min.
HOVSEW	TION (Give kind of work arking life, even if retired	done 10b. KIND C	OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (SION		.C. 12. C	U.S.	4
3. FATHER'S NAME	E. W	EAVER		14. MOTHER'S MAIDEN		ALLINAN	/	
5. WAS DECEASED E	VER IN U. S. ARMED FO			HN COLLINS	7805	Reenwi	//	KIMA
	EATH [Enter anly and of EATH WAS CAUSED BY: IMMEDIATE CAUSE (	o) Cer	6), (b), and (c).	hrmbose		2.0	INTERVAL BONSET AND	DEATH COM
Canditians, if gave rise to cotse (o), slotin lying cause las	g the under-	b) /ty/s	estensi	e Carlino	araila,	Hijease	6 4	ers
3	THER SIGNIFICANT CONVAS UNDERTYING DIATH OF DEATH OF MEDICAL EXAMINER)	Peci	tori	NOT RELATED TO THE TERM  Obc.  D. (Enter nature of injury in	ites		PERF	AUTOPSY ORMED?
20c. TIME OF INJU Haur a. m	URY Month, Day, Yo	ear 20d. INJURY	of while fo	ACE OF INJURY I Home, for ctary, street, office bldg., etc	m, 20f. (City or tow	n)	(County)	(Stote)
21. I certify alive an	that I attended the			19.3 7, to 7		causes and an	the date stat	
PHYSICIAN'S NAME (Type)	CLIFTON R	GRHVE	R	4325 491	th St. N	.W.	2/	7/59
29. BURIAL, CREMAT REMOVAL (Specif		010 11	NAME OF CEMETERY OF	A .	SUITLAN	ity, lown, ar county	RYLAND (Sto	te)
3. FUNERAL DIRECTO	My Haulen	3831	DOREST Me	7 W PATE	D BY REGISTRAR	24b. REGISTRAR'S	SIGNATURE	

ral directar, TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4

may be retained by the hospital ar attending physicion.

TO FUNERAL DIRECT After this certificate has been signed by the attending physician and completely filled in by the page 3 should be concluded far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shother registrar prior to burial, cremation, or remaval, and in any event within 72-hours after death.

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Exh. 1 September 1			
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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. may be retained from the haspital ar ottending physician.

TO FUNERAL DIRECTA: After this certificate has been signed by the attending physician and campletely filled in by the page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shifthe registrar prior ta burial, cremation, or remayal, and in any event within 72 hours after death.

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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 2045

**CERTIFICATE OF DEATH** 

02016

				Keg. Dist. No.
1. PLACE OF DEATH  o. COUNTY  Montgomery	- MARYLAND	2. USUAL RESIDENCE (Where do. STATE Maryland	eceased lived. If institution b. COUNTY	n: Residence before admission) tgomery
b. CITY OR TOWN (If outside corporate li	imits, write   c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside		
RURAL ond give neorest town)  Bethesda		XBethesda		
d. NAME OF HOSPITAL (If not in hospital,	, give street address)	/d. STREET ADDRESS		e. IS RESIDENCE
8800 Ridge Road		8800 Ridge	Road	ON A FARM? YES NO K
3. NAME OF DECEASED	First Middle	Lost 4. E	DATE Mont	h Day Year
	tto Connel	1 Cott	DEATH 2	10 19 59
5. SEX 6. COLOR OR RACI	E 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	IF UNDER I YEAR IF UNDER 24 HRS.
male white	WIDOWED DIVORCED .	12/26/1892	log Birthdoy)	Months Doys Hours Min.
100. USUAL OCCUPATION (Give kind of worlduring most of working life, even if retire	ed)	USTRY 11. BIRTHPLACE (Stote or for	reign country)	12. CITIZEN OF WHAT COUNTRY?
U. S. Governmen	t Employe	Missouri		
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
John Wm. Cott		Mary Victor	ria Johnso	n
15. WAS DECEASED EVER IN U. S. ARMED FO (Yes. no. or unknown)   (If yes, give wor or dotes or		INFORMANT	Addre	
	N	lora W. Cott-8	800 Ridge	Rd. Bethesda, Mo
18. CAUSE OF DEATH [Enter only one	couse per line far (o), (b), and (c).]	/ '		INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE	61 CONOMORY	00011191011		SUNDAM
420.1 DUE T		,	, ,	Succes Col
Conditions, if any, which )	PANDIO VACA	ILLAN NODAL A	ICANCO.	6 VNC
gave rise to immediate	(b) 041 410 143 W	MINITURAL OF	120408	N 1 37
couse (o), stoting the under- lying couse last.	10			C
	(c)	T NOT BELLTED TO THE TEAL OF THE		
F PART II. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO DEATH BU	I NOT RELATED TO THE TERMINAL L	DISEASE CONDITION GIVE	PERFORMED?
5				YES NO
PART II. OTHER SIGNIFICANT CO	206. DESCRIBE HOW INJURY OCCURR	ED. (Enter nature of injury in Part I	or Part II of item 18.)	
3 20c. TIME OF INJURY Month, Day, Y	Year 20d. INJURY OCCURRED 20e. P	LACE OF INJURY (Home, farm, 20	f (City or town)	(Carrata) (Etata)
20c. TIME OF INJURY Month, Day, Y Hour o. m. p. m.	While Not while fe	octory, street, affice bldg., etc.)	i. (City of lowin)	(County) (State)
p. m.	of work of work		. /:	
21. I certify that I attended th	ie deceased from C119	19.35, 10 FCL	1,10 , 1959	,that I last saw the deceased
alive on FEJ 7	, 19 2 9, and the deot	h occurred of 615 P.M.	, from the causes a	nd on the dote stated above.
l l	000		ESS (Street, city or town, s	
ACTUAL SIGNATURE TOO	BUILDUNG	40 1820 19j	VINI DIO	KIN W.
900	good -	MI	1-11-11-1	00
PHYSICIAN'S TE.E.	Quayle, M.D.	makes	MALOW	4,5,
220. BURIAL, CREMATION, 22b. DATE THERE	EOF 22c. NAME OF CEMETERY	OR CREMATORY 22d.	LOCATION (City, town, or	r county) (Stole)
REMOVAL (Specify) Rupris 1 2/13/50	9 Graz Arlin	aton Compt	Anlinet	77.0
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	gton Cometery	Aplington REGISTRAR 200. REGIS	PRAR'S STONE OF THE TELE
The S.H. Hines Co	ompany Washingt	FFR	16'59 a	Thung S. Kraus
	SELLING SERVICE	Ulla Ualia		

VS A15 (4) 15M 9/55

# MARTINAM STATE DEPARTMENT OF HEALTH BEAUTHORS US Lack Sybest T. F. Consesse. M. D. Commercial A STATE OF THE PROPERTY AND ASSESSED.

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MARYLAND	STATE DEPARTMENT	OF HEALTH	-BALTIMORE,	18
	•			

2046 CERTIFICATE OF DEATH

12017 Reg. Dist. No.

2010	keg, Dist, No.
1, PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY
MON GOMERY MARYLAND	O. STATE MARYLAND b. COUNTY MONT GOMERY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)
De MesDA 1PAY	X Bothes PA , MD
d. NAME OF HOSPITAL (If not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE
SOBURBAN HOSPITAL	4004 MANORRA YES NO P
3. NAME OF DECEASED (Type or print) Peter B	CROSS 4. DATE Month Doy Yeor OF DEATH F-B, F, 19 59
5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED	B. DATE OF BIRTH  9. AGE (In years   IF UNDER I YEAR IF UNDER 24 HRS.
MALE WHITE WIDOWED DIVORCED	FeB 3, 1959 lost birthday) Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUS	STRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
during most of working life, even if retired)	MARYLAND U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
THOMAS B CROSS JR.	JEAN BERNARD!
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. If	NFORMANT Address
(18), No or	Homas B (ROSS FATHER
1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: Concest in /te	east failure ONSET AND DEATH
MA A I A STATE CAUSE (U)	
( shorten I and	Heart Deserve.
gove rise to immediate	
couse (a), stating the under-	
lying couse lost. ) (c)	NOT BELLYED TO THE TENNIAL DISEASE CONDITION CHEEN IN DARK ALIVORS
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
[5]	YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Part I or Part II of item 18.)
3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, form, 20f. (City or town) (County) (State)
p. m. 19 of work of work	tory, street, affice bldg., etc.)
21. I certify that I attended the deceased from Feb 4.1	959, 19 , to Feb 4. 1959, 19 , that I last saw the deceased
alive on Fiel 4, 1959, 19, and that death	accurred at GP M, from the causes and an the date stated above.
	ADDRESS (Street, city or town, stote) DATE SIGNED
SIGNATURE - Tedessee James Buche	M D.
D. C. C. D.	IRKE - 3118 16 STN.W-D.C.
PHYSICIAN'S FREDERIC GERARD ISL	IRKE - 3118 16 STN.W-D.C.
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY O	R CREMATORY 22d. LOCATION (City, town, or county) (State)
BURIAL FEB. 6.1959 GATE OF	HEAVEN WHEATON MD
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
NW Taltarel 3603 14th AN	DATEFEB 9 159 Cathan S. Knows
2024501414	
1 / X / X / S	

VS A15 (4) 15M 9/55

Fig. District.			VOLUMES	منت ا	
			district		
		Salar Salar Salar	Anna const		
	750				

VS A15 (4) 15M 10/57

MARYLAND	STATE DEPARTMENT	OF HEALTH-BALTIMORE,	18

CERTIFICATE OF DEATH

1000

				Keg. Dist. I	No.
o. County  Montgomery	MARYLAND	2. USUAL RESIDENCE (Whe	ere deceased lived. If ins b. COU	JNIY .	eorges
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If ou	Ilside corporate limits, w		
Takoma Park,		Laurel	16	41.2	
d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION		d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
Washington Sanitarium and	d Hospital	2013 Parkw			YES NO
NAME OF First DECEASED (Type or print) John	Middle Lawson	Crothers 111	4. DATE OF DEATH	Month	Day Year
SEX 6. COLOR OR RACE 7. MARR	IED NEVER MARRIED D	8. DATE OF BIRTH	9. AGE (In y lost birthd		Hours Min.
0o. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stole of			N OF WHAT COUNT
3. FATHER'S NAME		14. MOTHER'S MAIDEN NA			
John Lawson Crothers	Jr.		ene Browne		
5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. Yes, no, or unknown) (If yes, give wor or dates of service)	SOCIAL SECURITY NO. 17. 1	father		Address	
Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.  (b)  DUE TO	HINKINE	- MEMI	19 ANE	1/13.	uje
PART 11. OTHER SIGNIFICANT CONDITIONS CO.  20a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	IAL DISEASE CONDITION	GIVEN IN PART 1(c	19. WAS AUTOPS' PERFORMED? YES X NO
206. ACCIDENT WAS UNDERLYING 206. DESC OR CONTRIBUTING 2 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Po	ort 1 or Part II of item 18	)	
20c. TIME OF INJURY Month, Day, Year 20d. IN While p. m.	Not while for	ACE OF INJURY (Home, form, ctory, street, office bldg., etc.)	20f. (City or town)	(Coun	nty) (Stote
21. I certify that I opended the decease of the on the second of the sec	, and that death	1.D.	M, from the caus  DDRESS (Street, city or to  Rd., Hyatt	ses ond on the down, state)	DATE SIG
PHYSICIANS NAME (Type) Joseph J. McDona.	ld, M. D. 7309	Riggs Road			3/1/
REMOVAL (Specify)  3-3-1959	Porto Canado		22d. LOCATION (City, to		(Stote)
FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24a PEC'D	BY REGISTRAR 24b.	REGISTRAR'S SIGNA	TITRE
Jeseph R. Grant nout	Wash mo	DATE	10.0	Circling & the	

MTA 30 HO BY ADDITION CONTRACTOR AND RESIDENCE OF THE PROPERTY OF TH

al w/	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18  1 tems 2,3 FilmG239 3-16-59 et (2019)
7.	2047 CÉRTIFICATÉ OF DEATH Reg. Dist. No.
. Page.	1. PLACE OF DEATH o. COUNTY  Montgomery  MARYLAND  2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE  Maryland  b. COUNTY  Montgomery
death	b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)  RURAL and give nearest town)  Rural-Gaithersburg  C. ENGTH OF STAY IN 1b  C. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)  Rural-Gaithersburg
by the	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION Route #3  A. STREET ADDRESS  A. STREET ADDRESS  Route \$\mathcal{B}\$ # 1, Box 203 YES \$\mathcal{B}\$ NO \$\mathcal{B}\$
filled in b ges 1 and	3. NAME OF DECEASED (Type or print) William / Wight Dawson Death February 26 1959
kit your I	S. SEX  6. COLOR OR RACE  NEVER MARRIED NEVER MARRIED  DIVORCED  DIVORCED  June 29, 1890  9. AGE (In years lost birthday)  Months  One of BIRTH  Months  One of BIRTH  Months  One of BIRTH  Service  Months  One of BIRTH  June 29, 1890  9. AGE (In years lost birthday)  Months  One of BIRTH  Months  Months  Months  One of BIRTH  Months  One of BIRTH  Months
and cample bon papers or death.	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired)  Retired  Maryland  12. CITIZEN OF WHAT COUNTRY?  A. S. A.
0 - 1 +	13. FATHER'S NAME
certificate k g physician remove car 72 hours oft	William P. Dawson  Emma Veirs  15, WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO.   INFORMANT Address
oc ce	(Yes, no. or unknown) (If yes, give wor or dates of service) No 577-10-9562 Virginia M. Dawson-wife-same as 2d
the deoth ce ne attending hen please re ent within 72	1B. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]  INTERVAL BETWEEN ONSET AND DEATH
he att	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) COronary Occlusion
thot t by the t. Th y ever	Conditions, if any, which) the Arterioscleratic cardiovascular disease 10 years
equires to no. signed kit permit it permit in any	Canditions, if any, which gave rise to immediate cause (a), stating the under-lying cause last.  (b) Avley to Scientific Cardio Vascular disease / Dyears  (c)
physicia os been ial-trons oval, an	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES NO I
AN: The ending ficate has the burn, ar rem	206. ACCIDENT WAS UNDERLYING  CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  206. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.)
PHYSIC al or att this certi r use as ematian	20c. TIME OF INJURY Manth, Day, Year Haur a. m. p. m.  19  20d. INJURY OCCURRED While Not while of wark of otwark of otwark of wark of
ospit (fter day)	21. I certify that I attended the deceased fram Nov. 11 , 1956, to Feb. 26 , 1957 that I last saw the deceased
A: A: A tache	alive an Feb 25, 1959, and that death accurred at 25M, from the causes and an the date stated abave.  ADDRESS (Street, city or town, state)  DATE SIGNED
OR AZI	SIGNATURE Atyphen ( Cronwell M.D. 615 W. Montgomery Ave 2/26/2)
AL CAL	PHYSICIAN'S Stephen C. (romwell, M.J. Kochville, Mcl
HOSPIT moy be rong be poge 3 shope 3 she registing	22a. BURIAL, CREMATION, Page 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State)
0 g 0 g 4	Burial 2/28/59 Monocacy Cemetery Beallsville Maryland  23. FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  ADDRESS  ADDRESS  ADDRESS  246. REC'D BY REGISTRAR 246. REGISTRÁR'S SIGNATURE
VS A1S (4) 1SM 9/SB	Robert A. Pumphrey Bethesda, Maryland DAIFMAR 2 '59 Quilled & Heart

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	20	)48	CERTII	FICA	TE OF DEATH	1		Reg. Dis		2020
PLACE OF DEATH a. COUNTY Montage	omery	Co	MARYL	AND	2. USUAL RESIDENCE (WHO STATE		ed. If institution b. COUNTY	on: Residen		
b. CITY OR TOWN RURAL and give	(If outside carporole li	imits, write	c. LENGTH OF STAY I	N 1b	c. CITY OR TOWN (If o		limits, write R			
Olney	Md.		15 days	S.	Silver Sp	ring,	Md.			
OR INSTITUTION		1.1	1		d. STREET ADDRESS					RESIDENCE N A FARM?
Montgor	nery Coun	ity G	neral		821 Snide	r Lane				□ NO 3
. NAME OF DECEASED (Type or print)		first arles	Middle And	ders	son Deitz	4. DATE OF DEATH	2 Mon	th	Boy 8	Year 19
SEX	6. COLOR OR RAC	E 7. MARRI	ED XXEVER MARRIE	В	. DATE OF BIRTH	9.	AGE (In years		1 YEAR IF U	
male	whit	WIDOWE	D DIVORCED		5-28-89	69	ost birthday) OXX yrs.	Months	Days Hou	urs Min.
. USUAL OCCUPAT	ON (Give kind of wor	k dane 10b. k	KIND OF BUSINESS OF	INDUST	TRY 11. BIRTHPLACE (State	ar fareign caunt	(7)	12. CIT	IZEN OF WI	HAT COUNT
	ding life even if retir	ransp.	U.S.	Gov'	West Vir	ginia			USA	
3. FATHER'S NAME					14. MOTHER'S MAIDEN N	IAME				
Robert	A. Deitz				Mary St	ull				
S. WAS DECEASED EV	ER IN U. S. ARMED FO	ORCES? 16. S	SOCIAL SECURITY NO.	17. IN	FORMANT		Add			
No			none		Medical Re	cords,	Onn	ey, l	Maryl	and
18. CAUSE OF DE	ATH [Enter only one	couse per line	e far (a), (b), and (c).]						INTERVAL	BETWEEN
PART I. DE	ATH WAS CAUSED BY	(:	Oxam	ia					ONSET	NODEATH
587.0	DUE		210	1	1 4				1	1
Conditions, if	any, which )	(b)	Moule	to	mercatit	15			14	Lang
gave rise ta	immediate (				- Court				, ,	1
lying cause last	the onger-	(c)								V
			ONTRIBUTING TO DEA	TH, BUT N	NOT RELATED TO THE TERMI	NALDISEASE CO	ONDITION GIV	EN IN PAR	[ 1(a) 19. W	AS AUTOPS
PART II. O'	1 tur	erte	10100	JA:	silver las		0.38		PE	REORMED?
20a. ACCIDENT W	AS UNDERLYING	20b. DESC	RIBE HOW INJURY OF	CURRED	(Enter nature of injury in F	1010			163	E 140 [
OR CONTRIBUTION	G CAUSE OF DEATH	H			, camer national artifact, in the					
20c. TIME OF INJU			UURY OCCURRED	20e Pl A	CE OF INJURY (Home, form	204 (City or	town	10	County)	154-131
Haur a.m. p.m.	19	While	Nat while	fact	ary, street, affice bldg., etc.	)	i Gwill	10	.ounty)	(Stat
p. m.	17	at work				10 1 0				
21. I certify t	hat I attended th	ne decease		5	, 19 <u>59</u> , to		1959			
alive an	2/8	1, 195	2_, and that	death	accurred at 7:27 1	M, fram tl	ne causes a	nd an th	ne date st	ated ab
	1-1	Las	. N.			ADDRESS (Street				DATE SIG
ACTUAL SIGNATURE	X	14	22/11/2	N	I.D					
PHYSICIAN'S NAME (Type)	Сни	gon. N			Condy	Spring.	Mamila	nd		
20. BURIAL, CREMATI			22c. NAME OF CEME	TERV OR		22d. LOCATION				
BURIAL (Specify			RIVERVIEW				URG V			State)
			TYT A TOTAL TITLE	Q 441 11	of J. 6.16\ L	OTTOTAL	OTIO - A	TT/ C TIA	1.53	
S FUNERAL DIRECTOR	'S SIGNATURE		ADDRESS SILVER	ODLI		BY REGISTRAR		TRAR'S SIC		

yal director, TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physician.

TO FUNERAL DIRECT: After this certificate has been signed by the attending physician and campletely filled in by the page 3 shauld be cerached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shat the registrar prior to burial, cremation, ar remaval, and in any event within 72 haurs after death. VS A15 (4) 15M 10/57

		MTHASS STATE OF	
Although the	THE OF DEATH	ADRIMBO I	210201
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	1 Maria Para		227450
	3-28-89 11 6		
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			done de la companya del companya de la companya del companya de la
	n , after the		
	of animal vice		

# OR STATE HEALTH DEPT

TO DEPUTY MEDICA. EXAMINER: This certificate should be executed within 24 haurs after death. If any delay is necessary, please execute the certificate writing the ward "pending" in pendi in Item, 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be for sed to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for sellies.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Baars. Health, or its designated agent, prior to barial, cremation, or remayer, and in any event within 72 hours after death. M

VS. A15ME

SM 2/57

# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

02021 Reg. Dist. No.

		LACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
	0	COUNTY Montgomory MARYLAND	O. STATE med b. COUNTY months
	b	CITY OR TOWN (If outside to porate limits, write PURAL c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If oulside corporate limits, write RURAL and give nearest town)
		Silver Spring 2 mo	1611 mospert Rd. 56
ß	d	NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS
	1	e Dean Grelen theroug Home	Selvan Spring YES NO &
	3, 1	NAME OF LILLIE First Middle	Last 4. DATE/ Month Doy Year
		Type or print) - Littley Weretta	7 DEATH FL 22 1957
4	5. 5	6. COLOR OF RACE 7. MARRIED NEVER MARRIED 8.	and high high high high high high high hig
		Lewale Whate WIDOWED DIVORCED 1	ST 3 1877 St 1 yrs. Months Days Hours Min.
	100	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRUCTION OF WORKING LIFE, Neven if retired)	11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
		Konswife	Dic. Usa.
	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
		Henry Busetins	ambonoso
7		WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. IN	FORMANT Address
1		ea	as, J. Tlern Sken 2
1		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c), ]	INTERVAL BETWEEN ONSET AND DEATH
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Colongry a	teleson sudden
		420. DUE TO	
	-2	Conditions, if ony, which) (b)	
		gave rise to immediate cause (a), stating the underlying DUE TO	
A		couse lost. (c)	
	ON ON	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
2	3	Traction of it his about 3 h	No. egg. YES NO R
	CERTIFICATION	200. EXTERNAL CAUSE WAS PRIMARY   0 CONTRIBUTING   200. DESCRIBE HOW INJURY OCCURRED. (Er CAUSE OF DEATH.	iter noture of injury in Part I or Part II of item 18.)
			E OE INHIBY III for ON IC'S
	MEDICAL		E OF INJURY (Home, form, ry, street, office bldg., etc.) (Cily or town) (County) (State)
		21. I certify that I took charge of the remains described above	ve, held on Autopsy , Inspection , Inquiry , and in my
3		opinion death resulted from: Natural causes . Accident	
		1	g, states (a), states (b), states (mainle)
		SIGNATURE Frank & Broschart	M.D. CHIEF MEDICAL EXAMINER []
		/	ASSISTANT MEDICAL EXAMINER
		EXAMINER'S FLANK J. Broschart	DEPUTY MEDICAL EXAMINER 1 2-22-39
	220.	BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR (	CREMATORY 22d. LOCATION (City, town, or county) (State)
		Burial Feb. 24,1959 Cedar Hill Cer	metery Prince George's County, Md.
	23.	Warner E's Pumphrey, Inc. ADDRESS	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
	1	Raymond a. Ziska Silver Spring	g, Md. DATE Cother S. Frans

IMEDICAL EXAMINER'S CERTIFICATE OF DEATH 

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH 2050 hours after death. Page 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived. If institutions Residence before admission) o. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (Is putside corporole limits, write RURAL and give marest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RORAL and give gearest town) d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION d. STREET ADDRESS Hospita NAME OF First Middle 4. DATE Month filled DECEASED within 24 (Type or print) DEATH 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 5. SEX 9. AGE (In years last birthdoy) DIVORCED [ WIDOWED D 100. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) during most of working life, even if retired) Own Home and 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician requires that the death certificate 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address None 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) DUE TO by Conditions, if any, which gove rise to immediate **DUE TO** couse (o), stoting the underlying couse lost. burial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part II or Part III of item 18.) 20c. TIME OF INJURY Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) factory, street, affice bldg., etc.) Hour o. m While Nat while of work of work 21. I certify that I attended the deceased from. + 19 1, that I lost sow the deceased M, from the couses and on the date stated above. and that death occurred of ADDRESS (Street, city or lown, stote) ACTUAL DIRE shauld o FUNERAL PHYSICIAN'S NAME [Type] Stephen C. Cromwell

0

220. BURIAL, CREMATION, 226. DATE THEREOF

2/10/59

Robert A. Pumphrey-Bethesda, Md.

Bur-Transit

23. FUNERAL DIRECTOR'S SIGNATURE

Whittier. California 24b. REGISTRAR'S SIGNATURE 240. REC'D BY REGISTRAR

22d. LOCATION (City, town, or county)

DATE FEB 1 1 '59

22c. NAME OF CEMETERY OR CREMATORY

Rose Hill

Orthun & Thouse

(County)

Reg. Dist. No.

6

e. IS RESIDENCE ON A FARM? YES NO 2

Yeor

19.

Min.

Day

IF UNDER 1 YEAR IF UNDER 24 HRS

Hours

INTERVAL BETWEEN ONSET AND DEATH

deu

PERFORMED? YES NO T

(Stote)

DATE SIGNED

(Stote)

12. CITIZEN OF WHAT COUNTRY?

	HTARG TO BY	CERTIFICA
	60 /	
		ome Home
		m kenses exe a lega quas es massaul (g
		a ar a racky formation assessment as about the second of the
expressed to the contract of t		The second second second second second second
		Street Support C. Cromwell
Inter, Casporas		Hill score es 0112 Hanga I tul
		chert A. Pumpinge-Bethada, Md.

## HEALTH DEPT.

PUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If any delay is necessary, please use the certains, writing the word "pending" in pendi in Item. 18. Give Pages 1, 2, and 3 to the funeral director. Page and be so, deed to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for a files.

NERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 and 2 with the State Boon. Health, a designated agent, prior to burial, crematian, ar removal, and in any event within 72 hours after death.

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VS.	A	15	ME	
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#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2051

Reg. Dist. No.

400	
1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
o. COUNTY MARYLAND	o. STATE Mal b. COUNTY manta
b. CITY OR TOWN (If outside conferate limits, write RUAL C. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate, limits, write RURAL and give nearest lown)
and give-inages from)	56 Milion spins
d. NAME OF HOSPITAL OR INSTITUTION (It/not in hospital, give streey/oddress)	d. STREET ADDRESS e. IS RESIDENCE
2010 20 01 0-1	ON A FARM?
2910 Mue Ruge Cur	1 2910 Blue Rudge WE YES NO 8
3. NAME OF DECEASED Pirst Middle	Lost 4. DATE Month Day Year
(Type or print) agres house Do	dson DEATH Lab 28 1959
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED   B.	DATE OF BIRTH  9. AGE (In years left UNDER 1/EAR IF UNDER 2/HRS.  Months Days Hours Min.
Hurle white WIDOWED   DIVORCED	2-19-1901 58 yrs. Months Days Hours Min.
100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Elech Dest 1 Cressi	me me
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
MICHAEL J. Wyvill	el. T. I. HE OF STEWART
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN	FORMANT Address
[Ves. no. 7 ynhnown] [If yes, give war or dates al service] NONE	2000
18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]	g a Nogeson - July
PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (0) Cormany or	cheser sudden
420, DUE TO	
Conditions, if ony, which   (b)	
(a), stating the underlying DUE TO	
cause last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
8	PERFORMED? YES NO M
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO  200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	iter nature of injury in Part I or Part II of item 18.)
\$ 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE	E OF INJURY (Home, form, 120f. (City or town) (County) (State)
Hour o.m. While Not while factor	ry, street, office bldg., etc.)
21. I certify that I took charge of the remains described above	
opinian deoth resulted from: Notural couses . Accident	, Suicide , Homicide , Undetermined monner
ACTUAL A BOLL TO A	DATE SIGNED
SIGNATURE Manh J. / Weekait	M.D. CHIEF MEDICAL EXAMINER
EXAMINER'S FRANK J. Broschart	ASSISTANT MEDICAL EXAMINER 2 2-28-59
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR C	REMATORY 22d. LOCATION (City, town, or county) (Stote)
BURIAL (Specify) 3/3/59 FT. LINCOLN CE	METERY PRINCE GEO. COUNTY. MD.
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240 REC'D BY REGISTRAP 246 PEGISTRAP'S SIGNATURE
WARNER E. PUMPHREY, INC. SILVER SPRIN	NG, MD. DATE MAR 4 '59 Civilian & House
Raymond Il Fraka	David D. Marie

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) PLACE OF DEATH o. COUNTY please Page MARYLAND files. b. CITY OR TOWN (If outside corporal limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 0 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS elay is a funeral ba in 10 be retained State death. 3. NAME OF DATE First Middle DECEASED anine DEATH with the (Type or print) hours after 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED A. DATE OF BIRTH MOY WIDOWED ond 50 100. USUAL OCCUPATION (Give kind of wark done 10b. KIND OF BUSINESS OR INDUSTRY during most of working life, even it retired) Poge 1 File pages I on event within Give Pages form PM3. FATHER'S NAME 14. MO rnard 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMAL [Yes, ng. ## unknown] (If yes, give yor or dates of service) Berna in ony with 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). Office along PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) burial-transit DUE TO Conditions, if any, which gave rise to immediate cause **DUE TO** (a), stating the underlying ord "pending" in Medical Examiner 0 couse last. wsed as PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA CERTIFICATION 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter notur should be CAUSE OF DEATH. Chief 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF IN. EXAMINER: loctory, street Not while 0 00 m ot work at work the p. m. Page 21. I certify that I taak charge of the remains described above, hel opinion death resulted from: Natural causes X, TO DEPUTY MEDICA DIRE its designated ACTUAL SIGNATURE. FUNERAL pe **EXAMINER'S** NAME (Type)

Woodlawn Cemete

e. IS RESIDENCE ON A FARM?

YES NO

Year

195

IF UNDER 24 HRS.

Reg. Dist. No.

IFUNDER TYEAR

Days

Months

in Nei J		yrs.	10	
RTHPLACE (State	or foreign country)			WHAT COUNTRY?
ary/ar	7 d.		U51	7
	1 2	<		1.
ace D	everly	Address 3	mons	ls Veike Dr
rd Dur	all (fath	her) k	ensirat	on, ind
			INTER	VAL SETVICEN
			20	wel Colly
Sufe	7		11	- helly
John				
ED TO THE TERM	INAL DISEASE COND	ITION GIVEN		PERFORMED?
e of injury in Par	t I or Part II of item	18.)		
URY (Home, form office bldg., etc.	20f. (City or town	)	(County)	(State)
d an Autaps	y, Inspecti	ion 🛂	Inquiry [X],	and in my
	Homicide			
HIEF MEDICAL EX	CAMINER [7]			DATE SIGNED
	AL EXAMINER		,	
EPUTY MEDICAL		2-	2-59	
RY	22d. LOCATION (CI			(Stote)
ry	Baltin	nore,	Md.	
240. REC'	D BY REGISTRAR	24b. REGISTRA	R'S SIGNATUR	E
DAREB	5 '59	Cinting	S. Frank	
L and Burn				

bruar

9. AGE Iln years

Pumphrey. Bethesda, Maryland

220. BURIAL, CREMATION,

23. FUNERAL DIRECTOR'S SIGNATURE

VS. AISME 5M 2/57

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HTAROLOGIL EXAMINED & CONTROL E OR DEATH The first that an experience of the second s APPLIES THE STATE OF THE CONTRACT CONTRACT OF THE STATE O white a stronger setteets, territard bare

#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2053

#### **CERTIFICATE OF DEATH**

Reg. Dist. No.

02024	1)	2	()	2	4
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	2000				Keg. Dist. 14	0.
	1, PLACE OF DEATH o. COUNTY		2. USUAL RESIDENCE (Who			fore admission)
many :	MONTGOMERY	MARYLAND	MARYLAND	b. COL	ONTGOMERY	
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	STAY IN 16	c. CITY OR TOWN (If or	atside corporate limits, w	rite RURAL and give no	earest town)
1	SILVER SPRING 2/14/5	59	56 SILVER SPI	RING		
90	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION		d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
10	LE DEAU GARDENS NURSING HOME		732 THAYE	RAVENUE		YES NO NO
	3. NAME OF DECEASED (Type or print) JAMES EDWARD FAULCONER	Middle	Lost	4. DATE OF DEATH FEB.	Month D	Pay Year 19 59
9	5. SEX   6. COLOR OR RACE   7. MARRIED NEVER A	MARRIED 1 8	B. DATE OF BIRTH	9. AGE (In y		R IF UNDER 24 HRS.
	MALE WHITE WIDOWED TO DIV	ORCED []	DEC. 8. 1877	lost birthd	day) Months Days	Haurs Min.
	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSIN during most of working life, even if retired) BUSINESS REP., SHEET METAL WORKE	IESS OR INDUS	IRY 11. BIRTHPLACE (Stole COLPEPPER	or foreign country)	1 9 2 1	OF WHAT COUNTRY
	13. FATHER'S NAME		14. MOTHER'S MAIDEN N			
	JOHN B. FAULCONER		MARY UNKN	NWC		
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURIT	TY NO. 17, IN	FORMANT		Address	MD.
	(Yes, no. or unknown) (If yes, give wor or dates of service) NO 579-01-48	307 MRS	ROBERT J.LE	ARY, 3830 WEI	NDY LANE ST	
		nd (c).]	a of color		ON	TERVAL BETWEEN NSET AND DEATH MONTH
	153.8 DUE TO					
	Conditions, if any, which gove rise to immediate (b)					
-16	cause (o), stating the <u>under</u> lying cause last.  (c)					
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION	N GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED?
0	3					YES NO
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	URY OCCURRED	. (Enter noture of injury in P	ort I or Port II of item 18	f.)	
	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRE Hour o. m. While Nat while of work of wark	fact	CE OF INJURY (Home, farm, tory, street, affice bldg., etc.)	20f. (City or town)	(County	(Stote)
	ACTUAL Glass H. Traum	that death	03, 1956, to 12 occurred at 1:30A	M, from the caus ADDRESS (Street, city or the Ave Willes		saw the decease ate stated above DATE SIGNED
n	NAME (Type)	F CEMETERY OR	CREMATORY	22d. LOCATION (City, to	own, or county)	(Stote)
X	BURIAL FEB. 25,1959 GEORGE	WASHIN	GTON CEMETER		PR GEO CO.	MD
J	23. FUNERAL DIRECTOR'S SIGNATURELY, INC. ADDRESS				REGISTRAR'S SIGNATE	
		SPRING	MD. DATE FE	8 2 5 '59	Chillen S. The	alak

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**CERTIFICATE OF DEATH** 

Reg. Dist. No. 12025

				Reg. Dist. No.
comery	MARYLAND	O STATE	ere deceased lived. If institution b. COUNTY	oni Residence befare admission)  Mentgemery
l (If outside carporate limits, write nearest town)	c. LENGTH OF STAY IN 16	E. CITY OR TOWN (If or	utside corporate limits, write R	URAL and give nearest fown)
		d. STREET ADDRESS	epeg Road	15 RESIDENCE     ON A FARM?     YES NO
First Kathleen	Middle Marie	Finetti	4. DATE Mon OF DEATH Februa	ary 8, 19 59
			fast birthday)	Months Days Hours Min.
TION (Give kind of wark dane 1) orking life, even if retired)	Db. KIND OF BUSINESS OR IND  None			U. S. A.
		14. MOTHER'S MAIDEN N	IAME	
VER IN U. S. ARMED FORCES?				The second secon
immediate DUE TO	A cute Ly	ut NOT RELATED TO THE TERMIN	e Leek en	rea multing
WAS UNDERLYING 20b. D	PESCRIBE HOW INJURY OCCUR	RED. (Enter nature of injury in P	Part I ar Part If of item 18.)	PERFORMED? YES 1 NO
n. Wh	ile Not while			(County) (State)
	ased from September 59 , and that dea	th occurred of 2:20s	M, from the couses of ADDRESS (Street, city or town, nical Center	and an the date stated above state) DATE SIGNE 2/8/59
	FITAL (If not in hospital, give stress in the control of the contr	FITAL (If not in hospital, give street address)  Aical Center, Bethesda 14, Marie  First Middle  Kathleen Marie  6. COLOR OR RACE 7. MARRIED NEVER MARRIED  White WIDOWED DIVORCED DIVORCED DIVORCED Norking life, even if retired)  Whorking life, even if retired None  EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. If yes, give wor or dates of service)  DEATH [Enter only one cause per line for (a), (b), and (c).]  DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Graw No. at 19. Immediate of the under. (c)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BITCH SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BITCH MORNING AND WAS UNDERLYING NOT WHILE NO	FITAL (If not in hospitol, give street address)  Aical Center, Bethesda 11, Md.  First  Kathleen    6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8. DATE OF BIRTH   White   WIDOWED   DIVORCED   June 1, 1952    INTION (Give kind of work done torking life, even if retired)    None   14. MOTHER'S MAIDEN None   14. MOTHER'S MAIDEN None   15. INFORMANT The Meditary give wor or dote of service)    If yet, give wor or dote of service)   None   17. INFORMANT The Meditary give wor or dote of service)   None   18. DEATH WAS CAUSED BY:   IMMEDIATE CAUSE (a)   Grace No. 18. DEATH SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL PROPERTY OF MEDICAL EXAMINER)  WAS UNDERLYING   DUE TO (c)   19. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Find Cause of DEATH   19. DISCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Find Cause of DEATH   19. DISCRIBE HOW INJURY OCCURRED   19. DESCRIBE HOW INJURY OCCURRED   19. DESCRI	PITAL (If not in hospital, give street oddress)  Notical Center, Bethesda 14, Md.  First  Kathleen  Kathleen  Marie  Finetti  6. COLOR OR RACE  Middle  Kathleen  Marie  Finetti  6. COLOR OR RACE  Middle  Mitter  Middle  Middle  Marie  Finetti  Morrie  Finetti  Morrie  Finetti  Morrie  Finetti  Morrie  Finetti  Morrie  Middle  Marie  Finetti  Morrie  Morrie  Middle  Middle  Morrie  Finetti  Morrie  Finetti  Morrie  Morrie  Middle  Middle  Finetti  Morrie  Morrie  Morrie  Middle  Middle  Morrie  Mor

heral director, be filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or attending physician.

TO FUNERAL DIRE

R: After this certificate has been signed by the attending physician and campletely filled in by the page 3 should be detached for use as the burial-transit permit. Then please remays carbon papers. Pages 1 and 2 she the registrar prior to burial, cremation, ar remayal, and in any event within 72 hours after death. VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BELTIMORE

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CERTIFICATE OF DEATH

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# eral director, be filed with ATENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 TO FUNERAL DIRE. R: After this certificate has been signed by the attending physician and campletely filled in by the page 3 should be detached far use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 should be detached far use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 show registrar prior to burial, cremation, or remayal, and in any event within 72 hour after death. TO HOSPITAL OR

VS A15 (4) 15M 9/55

#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 205\$

**CERTIFICATE OF DEATH** 

02026

Reg. Dist. No.

1. PLACE OF DEATH MONTEOMERY o. COUNTY PHINCE / GEORGE MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY	4
b. CITY OR TOWN (If outside corporate limits, write   c. LENGTH OF STAY IN 16 RURAL and give nearest town)  Lewisdale,	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Lewisdale,	7
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 2010 Avalon Place,	d. STREET ADDRESS  2010 Avalon Place  e. IS RESIDENCE ON A FARM YES \( \square\) NO	۸?
3. NAME OF DECEASED (Type or print) Marguerite Mary Fitzpa	atrick  4. Date OF DEATH  Month Day Yeor February 6, 19	59
Female White WIDOWED DIVORCED	B. DATE OF BIRTH  July 26, 1898  9. AGE (In years   IF UNDER 1 YEAR IF UNDER 24 HOURS   Months   Days   Hours   Mi	-
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Housewife  -  13. FATHER'S NAME	U.S.  Washington, D.C.  U.S.  14. MOTHER'S MAIDEN NAME	NTRY?
	Margaret May INFORMANT Address	
(Yes, no, or unknown) (If yes, give war or dates of service)	James J. Fitzpatrick, 2010 Avalon P 1	1.
18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  DUE TO  Conditions, if any, which )	Thrombosis INTERVAL BETWEEN ONSET AND DEAT 1-2 has	ГН
gave rise to immediate couse (a), stating the under- lying cause last.  DUE TO  (c) Coronapy Ar	t NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOP PERFORMED.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT  20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH UF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED for Month of Mont	YES NO  NO Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a. n. p. m. 19 While at work at work	LACE OF INJURY (Home, farm, 20f. (City or town) (County) (Statesty, street, office bldg., etc.)	late)
21. I certify that I attended the deceased from April alive on February 6, 1959, and that death ACTUAL SIGNATURE  PHYSICIAN'S NAME (Type) Robert B. Irey	n. 1952, to February 69 59 hat I last saw the dece haccurred at 4:00 PM, from the causes and on the date stated at ADDRESS (Street, city or town, state)  M.D.7105 Riggs Road, Hyattsville, Md. 2/	oave.
220. BURIAL, CREMATION, 22b. DATE THEREOF 2c. NAME OF CEMETERY OF BURIAL (Specify) Feb. 10.1959 Mt. Olive	(3/3/4)	
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 22.24 Wis. Ave. N. W	24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE	

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CEPTIFICATE OF DEATH

02027

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	2000	CERTITION	TIE OF DEATH		Reg. Dist	. No.
1.	PLACE OF DEATH O. COUNTY	MARYLAND	2. USUAL RESIDENCE (Who		If institutions Residence	before admission)
-	b. CITY OR TOWN (If outside corporate limits, write c. LENG	OTH OF STAY IN 15	c. CITY OR TOWN (If or	ulside corporate lin	nils, write RURAL and gi	ve nearest town)
17	SKOMS on SVK	Edano	Wash	1	· C -	W.W.
1	d. NAME OF HOSPITAL (If not in hospital, give street oddress)  A OR INSTITUTION	177	d. STREET ADDRESS	thai	0	e. IS RESIDENCE ON A FARM?
	Vashington Janilariu	myltosp	2400	19-37	14/11/0	4 YES NO
	NAME OF DECEASED (Type or print)	Middle	Lost Lost	4. DATE OF DEATH	Month	Doy Year 1959
5.	SEX   6. COLOR OR RACE   7. MARRIED   N	IEVER MARRIED	B. DATE OF BIRTH	9. AG	A STATE OF THE PARTY OF THE PAR	YEAR IF UNDER 24 HRS.
11	emale White WIDOWED	DIVORCED [	6-15-9	9 5	birthdoy) Months [	Days Hours Min.
100	b. USUAL OCCUPATION (Give kind of work done 10b. KIND OF during most of working life, even if retired)	BUSINESS OR INDUS	STRY 11. BIRTHPLACE (Stote	or foreign country)	12. CITIZ	EN OF WHAT COUNTRY
_	Housewife.		Uusi	Vis.	Liv	nevica.
13.	FATHER'S NAME		14. MOTHER'S MAIDEN N	AME		
15	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL S	ESCUBITY NO. 117 III	NEORMANT	D U	USZAV.	
(Ye	was deceased ever in 0.3. Armed Porcess 18. Social S	ECURIT NO. 17. IF	Hosbits	( Re	Address OV d 5.	
	18. CAUSE OF DEATH [Enter only one couse per line for (o),	, (b), ond (c).]	, ,	1 .		INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) C Cause	iero-Re	min along	Jaily	~	6
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	Conditions, if any, which gove rise to immediate (b)	( 1000 1 0	or J and s	x ( , oo	aung	
	couse (o), stoting the under-	cer of the	4 bokmel T	néle sto	is in the	liser.
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBU	ITING TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE CON	DITION GIVEN IN PART	1(o) 19, WAS AUTOPSY PERFORMED? YES NO
CERTIFI	20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HO OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	W INJURY OCCURRED	D. (Enter noture of injury in P	ort I or Port II of i	tem 18.)	
MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OF Hour o. m. While Not	f me	ACE OF INJURY (Home, form, story, street, office bldg., etc.	20f. (City or tov	rn) (Co	ounty) (State)
MEC		t while work				
П	21. I certify that I attended the deceased from			61.10	., 19.59 ,that I lo	ast saw the deceased
	alive on I cles . a 1959	, and that death	accurred at 2 40 F			
	ACTUAL OS CARROS TO			ADDRESS (Street, ci	ty or town, stote)	DATE SIGNED
	SIGNATURE COMPANY	sort.	M.D. [0236	10 H 1	sue. Sie	an 5 mine
L	PHYSICIAN'S VERONIKA	TROOS	.+		(man	gland.
220	D. BURIAL, CREMATION, 226. DATE THEREOF 22c. NA REMOVAL (Specify)  The 12-54  The	AME OF CEMETERY OF	R CREMATORY	22d. LOCATION (	City, town, or county)	1 E. D.
23.	FUNERAL DIRECTOR'S SIGNATURE	DRESS //	A 240. REC'E	BY REGISTRAR	24b. REGISTRAR'S SIGI	NATURE
	Lyribur Mallers 124 &	ACERRELY,	DATE FE	B 1 3 '59	Orthun S.	Hance 4

eral director, be filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or altending physician.

TO FUNERAL DIRE

R: After this certificate has been signed by the attending physician and campletely filled in by the page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be approved, cremation, or removal, and in any event within 72 haves offer death. VS A15 (4) 15M 9/S5

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	- Alberta	Industrial value of

St. John's Cemetery

Silver Spring, Md.

ADDRESS

Inc ..

Montgomery County, Md.

240. REC'D BY REGISTRAR

DATEEB 2 0 '59

24b. REGISTRAR'S SIGNATURE

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23. FUNERAL DIRECTOR'S SIGNATURE

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 2057 CERTIFICATE OF DEATH Reg. Dist. No 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. CQUMTY b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITYOR TOWN (If outside, corporate limits, write RURAL and give nearest town) RURAL ond give nearest town) d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO 3. NAME OF First Middle DATE Day Month Year DECEASED (Type or print) DEATH 19-5 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER-MARRIED AGE (In years tost birthdoy) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. DATE OF BIRTH Months Hours complet WIDOWED T DIVORCED | popers. 100. USUAL OCCUPATION Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) puo 13. PATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FOSCES? 16. SOCIAL SECURITY NO.
(Yes, no. or unknown) | (If yes, give wor or dates of service) 17. INFORMANT 40 IB. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY:

MMMEDIATE CAUSE (o) ONSET AND DEATH STROINTESTINAL MEMORRHAGE **DUE TO** (RUPTURED VARICES (ESOPHAGE ony Conditions, if any, which (b) gove rise to immediate per **DUE TO** couse (o), stoting the underpuo lying cause lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) factory, street, office bldg., etc. While Not while of work of work 1958, to FEBRUARY, 1959, that I last saw the deceased 21. I certify that I attended the deceased fram and that death occurred at 1:40P M, from the causes and an the date stated above. ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL DIRE P shoul WITOWSKI DETHESON n 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) 0 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) 15M 9/55 DATE CER 2 5

	Taal CEKIIICA	AL OI DEATH	Reg. D	ist. No.
1.	PLACE OF DEATH	2. USUAL RESIDENCE (Where deced		nce before admission)
	montgomery MARYLAND	o. STATE	b. COUNTY	nont.
	b. CITY OR TOWN (If outside corporate limits, write   c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside co	rporate limits, write RURAL and	give nearest town)
	RURAL and give nearest town.  Jakoma Fark	56 Silver S	pprima	
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS	101	o. IS RESIDENCE ON A FARM?
	wash. San + Hosp.	441 5/190	ruve	YES NO
3.	NAME OF DECEASED (Type or print) Sherre Lunn Fried!	ander de DEA	- 1	C 159
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH	the state of the s	R 1 YEAR IF UNDER 24 HRS.
	J. Wh WIDOWED DIVORCED	Oct, 26-58	lost birthdoy) Months yrs. 3	Doys Hours Min.
100	to USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			TIZEN OF WHAT COUNTRY
_	*	Washington,	D. C.	U.S.A.
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME		
	mr. gerome tried lander	- DONIS OSH	INSKY	
	. WAS DECEASED FER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. II	NFORMANT	Address	
1	none	tather.		
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	<b>A</b>		INTERVAL BETWEEN
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	Conditions, if any, which ) (b)			
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ATIC	PACCIBLE CERSBOAL PUCCE	D	Propolice	PERFORMED?
F	20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED	TOSSIBLE MIC	Port II of item 18.1	· YES NO
CERTIFI	OR CONTRIBUTING I CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter noture of injury in Fort I or i	rorr ii or item ib.j	
SAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL/	ACE OF INJURY (Home, form, 20f. (C	City or town)	(County) (State)
MEDICAL	Hour o. m. While Not while for	tory, street, office bldg., etc.)		
2	21. I certify that I attended the deceased from February	3 , 1959, to Feb.	6 1059 that 1	last saw the deceased
		accurred at 8 20 Ac M, fr	com the course and an i	the data stated =
	dive on the real deals		(Street, city or town, state)	DATE SIGNED
	ACTUAL Stanley Tould		AVENPORT ST. A	1 1
	SIGNATURE	M.D. WASHING	TON D.C.	2/6/3
	PHYSICIAN'S STANLEY GOULD,		,	
720	BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OF BURIAL (Specify) Feb, 6/1959 BM21 (STEE	R CREMATORY 22d. LOW	CATION (City, sown, or county)	d. (State)
23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REG	SISTRAR 246. REGISTRAR'S SI	IGNATURE
	B. Danzansky + Jays-3101-14/	SXIV. DATE FEB 9	159 arthur &	. Firmes

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained the haspital or attending physician.

TO FUNERAL DIRECTOR After this certificate has been signed by the attending physician and campletely filled in by the page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shall be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shall be detached for use as the burial-transit permit.

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#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH 2058 Reg. Dist. No. with 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) e. COUNTY filed b. COUNTY Montgomery MARYLAND Maryland Montgomery deoth. era b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) pe RURAL and give nearest lown) Silver Spring Years Silver Spring offer d. NAME OF HOSPITAL (If not in hospital, give treet address) Nursing 1800 Grace Church Road Ad. STREET ADDRESS 1908 Hanover Street NAME OF 4. DATE Middle Month Filled DECEASED DEATH (Type or print) 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED 9, AGE (In years lost birthday) Months Male White WIDOWEDCI DIVORCED [ 88 popers. 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) J.S. Govt Printg. Of. Pennsylvania puo corbon 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician Jacob Benton Gable Caroline A. Staley гетноме 17. INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address No Paul DeLong Gable, 1908 Hanover St.S.S.Md. None offending ease 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] 0 PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO è permit. ony Conditions, if ony, which (b) signed gave rise to immediate **DUE TO** couse (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? CERTIFICATION 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 00 20e. PLACE OF INJURY (Hame, form, 20c. TIME OF INJURY Month. 20d. INJURY OCCURRED Day, Year 20f. (City or town) factory, street, office bldg., etc.) Hour g. m. While Not while at work at work 21. I certify that attended the deceased from, 1115 ta == alive an\_ and that death accurred at ADDRESS (Street, city or lown, state

HEIGES M.D. FACACA

DIRE be FUNERAL DIR 0 VS A15 (4) 15M 9/55

ACTUAL SIGNATURE

PHYSICIAN'S NAME (Type)

220. BURIAL, CREMATION,

LYNWOOD

aumonda.

22b. DATE THEREOF

Feb. 10.1959

23 EUNERAL DIRECTOR'S SIGNATURE VAPONET E. Pumphrey, Inc., Silver Spring,

INTERVAL BETWEEN ONSET AND DEATH YES [ NO (County) (State) 1954, that I last saw the deceased LOCAM, from the causes and an the date stated above. DATE SIGNED 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) -MacPelah Cemetery Lititz, Pennsylvania 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE FEB 1 0 '59

. IS RESIDENCE ON A FARM?

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#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 2059

CERTIFICATE OF DEATH

Reg. Dist. No. 2032

o. COUNTY	Montg, Co	) .	MARYL	- 1	USUAL RESIDENCE (1	Where deceased Pyrond	b. COUNTY	on: Residence be		
b. CITY OR TOWN (II RURAL and give ne	f outside corporate limitarest fown)	ts, write	c. LENGTH OF STAY II	N 1b	c. CITY OR TOWN (I			URAL and give i	nearest town)	
d. NAME OF HOSPIT	AL (If not in hospital, g	ive street	oddress)	1	d. STREET ADDRESS	be Wille K	T. D.T	- 6	e IS RESIDEN	CE
OR INSTITUTION			o, Cenera		p,				e. IS RESIDENT	
3. NAME OF DECEASED (Type or print)	Francis		Middle Alexand	ria	lost Glovd	4. DATE OF DEATH	Mon	њ 5t	Doy Year	50
5. SEX	6. COLOR OR RACE	7. MARE	RIED NEVER MARRIES		ATE OF BIRTH		9. AGE (In years		AR IF UNDER 24	A 41
Tale	White	WIDOW			ov 12-18		lost birthdoy)	Months Day	s Hours M	lin.
100. USUAL OCCUPATIO	N (Give kind of work	done 10b.	KIND OF BUSINESS OR					12. CITIZEN	OF WHAT COU	JNTRY
Labore	ing life, even if retired T	'	11 11		Monte	C.Co.	Wa.	u s	A	
13. FATHER'S NAME				14	. MOTHER'S MAIDEN	NAME	-6.353			
	muel Artl					Clemen	nts	11/25		
15. WAS DECEASED EVER	R IN U. S. ARMED FOR	and and		M (C)	MANT		Addi	ess		
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	S UNDERLYING []  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OC	CURRED. (En	iter noture of injury i	in Port 1 or Part	Il of item 18.)			
20c. TIME OF INJURY Hour o. m. p. m.	Month, Day, Ye	20d. It While of wor	_ Not while _	20e. PLACE ( foctory.	OF INJURY (Home, fo street, office bldg., o	orm, 20f. (City etc.)	or town)	(Count	(S	itote)
ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	in Sur	194 Sch	ed from fun. I, and that of	M.D.	curred at	M, from ADDRESS (St.	the causes a reet, city or town,	nd an the costole)		bove
220. BURIAL, CREMATION REMOVAL (Specify)	22b. DATE THEREC		St nose		MATORY		ION (City, town, o		(Stote)	
23. FUNERAL DIRECTOR'S	2000		ADDRESS	0 •			thersbu			9
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#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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CURITY NO. 17. 1	c. CITY OR TOWN (If outside corpora  Washington  d. STREET ADDRESS  5926 -13 th Plac  Glynifosi  Glynifosi  GLYNIfosi  DEATH	D.C. 47X  e. N.W.  Month Feb  AGE (In yeors lef UNDER lost birthdoy) 71 yrs.  Intry)  12. CI	
Middle  L EVER MARRIED   DIVORCED   BUSINESS OR INDUSTRICE CURITY NO. 17. II	c. CITY OR TOWN (If outside corpora  Washington  d. STREET ADDRESS  5926 -13 th Plac  Glyntosi  Glyntosi  B. DATE OF BIRTH  8/21/87  STRY 11. BIRTHPLACE (Stole or foreign country)  14. MOTHER'S MAIDEN NAME  LLEN  NFORMANT	mate limits, write RURAL and D.C. 47 × 47 × 47 × 47 × 47 × 47 × 47 × 47	Day Year  19 19 19 19 19 19 19 19 19 19 19 19 19
EVER MARRIED DIVORCED BUSINESS OR INDUSTRICE CURITY NO. 17. II	d. STREET ADDRESS  5926 -13 th Plac  Glynipsi 4. DATE OF DEATH  8. DATE OF BIRTH  8/21/87  STRY 11. BIRTHPLACE (STONE OF FOREIGN COUNTY)  14. MOTHER'S MAIDEN NAME  LLEN  NFORMANT	Month Feb P. AGE (In yeors IF UNDER Months) 71 yrs.  12. CI	ON A FARM? YES NO  Day Year  19 5 R 1 YEAR IF UNDER 24 HRS. Days Haurs Min.
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CURITY NO. 17. II	NORWALK OLT 14. MOTHER'S MAIDEN NAME ELLEN NFORMANT	Company Co	ONNERS
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ING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE  Tractice Int	CONDITION GIVEN IN PAI	PERFORMED? YES NO
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ME OF CEMETERY O	11	1) 1.	Olice)
	V INJURY OCCURRED while foods and that death Beld	CURRED 20e. PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.)  20f. (City foctory)  20f. (C	while foctory, street, office bldg., etc.)  10-15-58, 19, ta, 19, that I and that death accurred at

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR STATES After this certificate has been signed by the attending physician and campletely filled in by the page 3 shauld be beliabled for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 str. be filed with the registrar prior to burial, cremation, ar remaval, and in any event within 72 hydrs after death. VS A15 (4) 15M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH Rea. Dist. No directar PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) ed a. COUNTY b. COUNTY MARYLAND death. b. CITY OR TOWN (If autside corporate limits, write / c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) RURAL and give nearest town) AIRLAND d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? hours NURSING YES NO in b NAME OF Middle Lost 4. DATE Month Day Year DECEASED OF ORd (Type or print) DEATH 19 5 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED BLOATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HKS last birthday) Months Hours DIVORCED | WIDOWED 2 popers. com 10a. USUAL OCCUPATION (Give kind of wark done) 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY during most of working life, even if retired) puo pon ofter 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician 50 NKNOW 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO (If yes, give war or dates of service) CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) adir DUE TO ony Canditions, if any, which 6 mins permit gave rise to immediate **DUE TO** cause (a), stating the underlying cause last. CATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.) 20c. TIME OF INJURY Month. Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or tawn) (County) (Stole) foctory, street, office bldg., etc.) Haur a. fl. While Not while ot work of work p. m . 1959, that I last saw the deceased 21. I certify that I attended the deceased from 45 and that death occurred at AM, fram the causes and on the date stated above. ADDRESS (Street, city or town, stote) ACTUAL DIRECTOR PO retained FUNERAL ( shou PHYSICIAN'S NAME (Type) BURIAL, CREMATION. 225 DATE THEREO! 22c. NAME OF CEMETERY OR CREMATORY 228. LOCATION (City, town, or county) (State) may REMOVAL (Specify) 0 **FUNERAL DIRECTOR'S SIGNATURE** ADDRESS 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE below d. I new VS A15 (4) 15M 9/55 DATE MAR

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#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 2062 CERTIFICATE OF DEATH Rea. Dist. No. with 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Besidence before admission) o. COUNTY be filed b. COUNTY MARYLAND Tontao M b. CITY OR TOWN (If outside corpargle limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If putside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) d. NAME OF HOSPITAL (It not in hospital, give street ordress) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? NP C YES NO S NAME OF Middle DATE Lost Year DECEASED DEATH (Type or print) 19 5. SEX 6. COLOR OR RACE MARRIED DE NEVER MARRIED DATE OF BIRTH 9. AGE (IN IF UNDER 1 YEAR IF UNDER 24 HAS yeors lost birthdoy) Months Dovs Hours Min. WIDOWED DIVORCED [ 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) SAME FATHER'S NAME 14. MOTHER'S MAIDEN NAME mave 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) **DUE TO** Conditions, if any, which gove rise to immediate **DUE TO** couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES I NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month, 20d. INJURY OCCURRED Day, Year 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stote) foctory, street, office bldg., etc.) Q. fl. Not while of work of work p. m. 21. I certify that I attended the deceased from 195 That I last saw the deceased alive on and that death occurred M, from the causes and on the date stated above DATE SIGNED ACTUAL DIRE should PHYSICIAN'S NAME (Type) PENCER 3 220. BURIAL, CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) 0 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24g, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

death.

VS A15 (4) 15M 9/55

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VS A15 (4) 15M 9/S5

MARYLAND	STATE DEPA	RTMENT OF	HEALTH-BALTIMORE,	18
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	2	063	CERT	IFIC	ATE OF DEATH	1		Reg. Dis		12	036
1. PLACE OF DEATH o. COUNTY	lontgomery		MAR	YLAND	2. USUAL RESIDENCE (WHO o. STATE Maryla		l lived. If instituti b. COUNTY				on)
RURAL and give no	If outside carporate limi earest town) 1880 a.	ts, write	c. LENGTH OF STAY	r IN 16	c. CITY OR TOWN (IF o		rote limits, write R	URAL ond g	ive neare	st town	)
d. NAME OF HOSPIT OR INSTITUTION	(If not in hospitol, g Suburb				d. street address 1606 Highlar	nd, Dr	/ ive				DENCE FARM? NO
DECEASED (Type or print)	Fir Jesse	st	Middle P.		Greenstein	4. DATE OF DEATH	Mor Februar		Doy 12		eor 9 59
s. sex Male	6. COLOR OR RACE White	7. MARR	RIED NEVER MARR		B. DATE OF BIRTH June 20, 1902		9. AGE (In years last birthday) 56 yrs.	IF UNDER	-	Hours	R 24 HRS. Min.
Oo. USUAL OCCUPATION during most of work Doctor	ON (Give kind of wark king life, even if retired		KIND OF BUSINESS	OR INDL	USTRY 11. BIRTHPLACE (SIGN) New Yor			12. CITI	U.S.		COUNTRY
3. FATHER'S NAME	Louis Green	nstei	n.		14. MOTHER'S MAIDEN N	AME Bernl	baum				
IS. WAS DECEASED EVE (Yes, no. or unknown)	R IN U. S. ARMED FOR (If yes, give war or dates of s	CES? 16.	SOCIAL SECURITY NO		INFORMANT Wife rs. Lucy L. Gr	eenste	Add ein	1	abov	'Α	
Conditions, if a gove rise to i couse (o), stoting lying couse lost.	ny, which (b	ity			racerebral				48	hou	40
PART II. OTI			CONTRIBUTING TO DI	EATH BU	T NOT RELATED TO THE TERMI	NAL DISEASI	CONDITION GIV	EN IN PART		PERFO	NO [
	AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY O	OCCURR	ED. (Enter noture of injury in 1	Port I or Port	II of item 18.)				
20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Doy, Yes	While	NJURY OCCURRED  Not while k of work	20e. P	LACE OF INJURY (Home, form portory, street, office bldg., etc.	, 20f. (City	or town)	(C	County)		(Stote)
21. I certify the alive on	enge f	19)- ha			M.D. 10511	M, fran		and an th		state	
220. BURIAL, CREMATIC REMOVAL (Specify) Burial	Feb. 13,		Ming David			22d. LOCAT	TION (City, town,		Vire	(Stote	
23. FUNERAL DIRECTOR		1)	ADDRESS		240. REC'		RAR 24b. REGI		SNATURE	2	1

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LPOR STATE
HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If any deloy is necessory, please execute the certificities world "pending" in pending in them 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be far ded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for the files.

TO FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages 1 and 2 with the State Boar Health, ar its designated agent, prior to burial, cremation, ar removal, and in any event within 72 hours after death.

VS. A15ME 5M 2/57

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 2064 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

		1)	2	0	3	7
Reg.	Dist.	No.		6 :		

	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
	" o. COUNTY MUNICIPALITY MARYLAND	o. STATE b. COUNTY &
	b. CITY OR TOWN Ill outside corporate Maits, write RURAL on all givensered burn 16	c. CITY OR TOWN (If autside carpofate limits, write RURAL and give nearest town)
	Charles V A CA.	but Gires (and)
	d. NAME OF HOSPITAL ORINSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS
7	hanty en year. Hosp	R7 J 43 10X-2 ON A FARM?
	3. NAME OF DECEASED First Middle	Last 4. DATE Month Day Year
	(Type or print) Granet Welson	Tresser DEATH 2-21 1959
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8.	fact brothelest
	Male white WIDOWED DIVORCED	6-6- 98 60 yrs. Mains
	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTITION OF BUSINESS OR INDUSTINESS O	RY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	tarner Labor	md an-8.6
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Tom frimes	Guny Jam Blall
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN	IFORMANT Address
	No 579055354 Ma	ery frame (wife) There 2
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	reclusion sudden
	420.1 DUE TO	- Landen - L
	Canditians, if any, which ) (b)	
-	gave rise to immediate cause (a), stating the underlying DUE TO	
	couse lost. (c)	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
		PERFORMED? YES NO 🔀
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO DEA	nter nature of injury in Part I or Part II of item 18.)
		CE OF INJURY (Hame, farm, 20f. (City or town) (Caunty) (State)
	Haur a. m. While Not white factor p. m. 19 at work at wark	rry, street, affice bldg., etc.)
	21. I certify that I took charge of the remains described above	ve, held an Autopsy , Inspection X, Inquiry X, and in my
	opinion death resulted from: Natural causes V. Accident	
	1 1	
	SIGNATURE Trand & Broschart	M.D. CHIEF MEDICAL EXAMINER   DATE SIGNED
5		ASSISTANT MEDICAL EXAMINER 2 2 2/- 59
-	EXAMINER'S FLANK J. Broscha L+	DEPUTY MEDICAL EXAMINER
	22g. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR	CREMATORY 22d. LOCATION (City, town, or county) (State)
	Burial Feb. 24, 59 Bethesda	Browningsville Md.
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
	Mogle, Charber, Laytonsville,	Md DATE FEB 25'59 Cirthur & Frank
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 CERTIFICATE OF DEATH 2065 Reg. Dist. No. director, PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY / Filed o. STATE b. COUNTY MARYLAND District of Columbia b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) d. NAME OF HOSPITAL (If not in hospital, give street address) A STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? Ropine Nursing Home 49th Street, N. W YES NO K c NAME OF 3. Middle 4 DATE Month Day Year (Type or print) DEATH FRED PRESTON GUTHRIE Feb 19 59 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED 9. AGE (In years lost birthday) 8 DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS Months Doys Hours DIVORCED T WIDOWED | male Tuly 29 1891 white 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Radio Communications Radio Corp. of America Virginia rbon 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 200 Walter Craig Guthrie emave Gilkeson 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 JNFORMANT Address 72 nding 600 49th St. N. W. 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: DUE TO Conditions, if ony, which gove rise to immediate DUE TO couse (o), sloting the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES T NO T 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month, 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Day, Year (State) (County) Hour 0. 11. While factory, street, office bldg., etc.) Not while ot work at work p. m 21. I certify that I attended the deceased from 25 That I last saw the deceased and that death occurred at 7:150 alive an M. from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL 0 PHYSICIAN'S FUNERAL NAME (Type) 220. BURIAL, CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) 1959 Va. hurial Tinkleing Springs Pres. Church Fishersville 0 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

Wilson Blvd. Arlington, Vario 9

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AUU0	CERTIFICA	TE OF DEATH		Re	eg. Dist. No	o	
1. PLACE OF DEATH OCCUPATY Montgomery	MARYLAND	2. USUAL RESIDENCE (Where o. STATE Maryland		If institution: COUNTY Mon			ion)
b, CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If ouls 26 Rockville					1)
d. NAME OF HOSPITAL (If not in hospitol, give street OR INSTITUTION Residence	oddress)	d. STREET ADDRESS Edison Road					FARM?
3. NAME OF DECEASED (Type or print) CAROLYN	ANN HAI		DATE OF DEATH Fe	Month bruary		-,	Year 1959
5. SEX Female   6. COLOR OR RACE   7. MARR		Peb. 5, 1954	9. AGE	(In years IF I	onlhs Doys 0 22	Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Child	KIND OF BUSINESS OR INDUS	Maryland			12. CITIZEN C		OUNTR'
William G. Hall		14. MOTHER'S MAIDEN NAM					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give wor or doles of service)		iformant 1. G. Hall-Ite	m # 2	Address			
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  Conditions, if ony, which gove rise to immediate couse (o), stating the under- lying couse lost.  PART II. OTHER SIGNIFICANT CONDITIONS (	CONTRIBUTING TO DEATH BUILT	not related to the termina	ALDISEASE CONF	RESTRICTION GIVEN	4	ISET AND	med
CATIC	CRIBE HOW INJURY OCCURRED					PERFC YES	RMED?
7	Not while foct	CE OF INJURY (Home, form, lory, street, office bldg., etc.)	20f. (City or tow	n)	(County	)	(Stot
21. I certify that I attended the deceas alive an Lut. 27 , 195  ACTUAL SIGNATURE STEPHEN C. C. PHYSICIAN'S Stephen C. C.	ed fram Leb. 5			y or town, stat	an the dat	e stated	
220. BURIAL, CREMATION, 22b. DATE THEREOF 3/2/59	22c. NAME OF CEMETERY OR Parklawn	CREMATORY 22	Rockvi			(Stot	e)
23. FUNERAL DIRECTOR'S SIGNATURE Robert A. Pumphrey-Betl	nesda, Md.	24o. REC'D E	BY REGISTRAR	24b. REGISTRA	AR'S SIGNATU		

The low requires that the death certificate be executed within 24 haurs ofter death. Page TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within '24 h may be retained by a hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled page 3 shauld be detached for use as the buriol-transit permit. Then please remove cortion pages. Pages 1 of the registrar prior to burial, crematian, or remayal, and in any event within 72 haurs offer death.

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**CERTIFICATE OF DEATH** 

	2067 CERTIFIC	CATE OF DEATH Reg. Dist. No. 1204
1. [	PLACE OF DEATH  O. COUNTY  MARYLAND  MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) a. STATE b. COUNTY
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)	c. CITY OR LOWN (If autside corporate limits, write RURAL and also nearest town)
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Superbase Superbase	d STREET ADDRESS  on a FARM?  5704 Huntington RKW. YES NO [
3.	NAME OF DECEASED (Type or print) Fredric Albert	HAMLIN OF DEATH FEB 2 195
5. 5	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	Months Day 13-1905  9. AGE (In years   IF UNDER 1 YEAR IF UNDER 24 HE Months Days Hours Min.
100	D. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Publishing	DUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNT
13.	FATHER'S NAME  Roy Hamlin	14. MOTHER'S MAIDEN NAME
15. (Yes	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. no. or uphnown) (If yes, give wor or dates of service)	Margaret Hamlin 5 744 Huntington Pt
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  Conditions, if any, which gove rise to immediate couse (a), stoling the under-lying couse lost.  DUE TO  (b)  DUE TO  (c)	testmal hemorrhings interval between onset and death 20 mi
CATION		OUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19. WAS AUTOPS PERFORMED?  YES \( \subseteq \text{NO} \)
L CERTIFI	205. ACCIDENT WAS UNDERLYING [] 206. DESCRIBE HOW INJURY OCCUPANT OF CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RED. (Enter noture of injury in Part I ar Part II af item 18.)
MEDICA	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 40e. While of work 19 of work 20e.	PLACE OF INJURY (Home, farm, 20f. (City or tawn) (County) (Stotoctory, street, office bldg., etc.)
	21. I certify that I attended the deceased from Manager of the color o	ith occurred of 5:15°M, from the causes and an the dote stated about ADDRESS (Street, city or town, state)  ADDRESS (Street, city or town, state)  ADDRESS (Street, city or town, state)  ADDRESS (Street, city or town, state)
1	PHYSICIAN'S HERBERT MARTYN	n Bethesda md 77th
	b. Burial, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERS ur-Transit 2/11/59 Mt. Olivet	
	FUNERAL DIRECTOR'S SIGNATURE  Robert A. Pumphrey-Bethesda, Md.	246. REC'D BY REGISTRAR DATE FEB 1 1 59  246. REGISTRAR'S SIGNATURE

#### MARYLAND STATE DEPARTMENT OF MEALTH-BALTIMON

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#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2068. CERTIFICATE OF DEATH

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1000;	0211111101		Re	eg. Dist. No.
n. PLACE OF DEATH o. COUNTY  Montgomery	MARYLAND	2. USUAL RESIDENCE (Where of STATE Washington, D	deceased lived. If institution: I	Residence before admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Sandy Spring	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If oulsid	de corporote limits, write RURA	L ond give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give stree OR INSTITUTION	et address)	d. STREET ADDRESS		e. IS RESIDENCE
Belmont Farm Convalescent	, Home	1701 Park Road	, N.W.	YES NO
3. NAME OF DECEASED (Type or print) First	Hamm	erotein 4.	DATE Month OF DEATH	Day Year 5 19 5
5. SEX 6. COLOR OR RACE 7. MA	RRIED NEVER MARRIED B	. DATE OF BIRTH		UNDER 1 YEAR IF UNDER 24 HRS
- 01110110		March 3, 1880	78 yrs.	onths Doys Hours Min.
00. USUAL OCCUPATION (Give kind of work done 10 during most of working life, even if retired)	6. KIND OF BUSINESS OR INDUST	TRY 11. BIRTHPLACE (Stote or fo	preign country)	12. CITIZEN OF WHAT COUNTRY
Housewife		Germany		U.S.A.
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	•	
Moses Mathis		Rebecca Bukof	zer	
S. WAS DECEASED EVER IN U. S. ARMED FORCES? 1	6. SOCIAL SECURITY NO. 17. IN	FORMANT	Address	
Yes, no, or unknown}   {If yes, give wor or dates of service}	Ger	rhard Hammerste	in-10038 Renfr	rew Rd., S.S., Md
18. CAUSE OF DEATH [Enter only one cause per	line for (o), (b), ond (c).]	2		INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	la mia	heph. 7	10	ONSET AND DEATH
446 X DUE TO	The state of	2 7 7 000	200	- Jack
Conditions if any which	0,181 , 2 \$	elos ai		143 nie
gove rise to immediate	July 1	e con con		1
lying couse lost.				TE SERVICE AND A
	CONTRIBUTING TO DEATH BUT N	NOT RELATED TO THE TERMINAL	DISEASE CONDITION GIVEN I	IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO N
PART II. OTHER SIGNIFICANT CONDITION  20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in Port	l or Part II of item 18.)	
Hour o. m. Whi	£ t	CE OF INJURY (Home, farm, 20) ory, street, office bldg., etc.)	Of. (City or town)	(County) (State)
21. I certify that I attended the decertain on 21.31.59.19	/ /	19.58 to 7/		nat I last saw the decease an the date stated above
	, und mar deam	0	RESS (Street, city or town, state	
ACTUAL ACTUAL	1 1	1	1 th	1 21 21
SIGNATURE	M	1.0.	JAN NE	7/12/1/5)
PHYSICIAN'S J. W. Bird, M.	.D.	Sandy Spri	ng. Md.	/ /
20. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY OR		LOCATION (City, town, or co	
Burial Feb. 6.1959	Mt. Lebanon Cer			
3. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	- 1	lyattsville	Maryland
Bernard Danzansky & Sons-		N. W. 24a. REC'D BY		R'S SIGNATURE
- Or Trans or a partial property of the partial partia		DATE: LD		

cral director, be filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or attending physician.

TO FUNERAL DIRECT: After this certificate has been signed by the attending physician and completely filled in by the page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shather registrar prior to burial, cremation, ar removal, and in any event within 72 haurs offer death. VS A1S (4) 15M 9/55

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MARY	LAND	STATE	DEPARTMENT	OF	HEALTH-	BALTIMORE,	18

2069 CERTIFICATE OF DEATH

Reg. Dist. No. 12142

1, PLACE OF DEATH a. COUNTY					2. USUAL RESIDENCE o. STATE	(Where decease	d lived. If institution	on: Residence be	fare admis	sion)
-	NTGOMERY			YLAND	MARY			M ONTO		
RURAL and give n	If outside corporate limi earest tawn) thesda	ts, write	c. LENGTH OF STATE		c. CITY OR TOWN			URAL and give n	earest tow	n)
d. NAME OF HOSPI	TAL (If not in hospital, g	ive street		acc. I	A. STREET ADDRES				e. 1S RE	SIDENCE
OR INSTITUTION	Suburban	Hospi	tal		3205 W	innett F	2003			FARM?
3. NAME OF	Fir	st	Middl	•	Lost	4. DATE	Mon	th [	Ogy	Yeor
(Type or print)	Vi	rgini			HARDING	OF DEATH		h. 20	,0,	19 50
S. SEX	6. COLOR OR RACE			IED 🗍	8. DATE OF BIRTH		9. AGE (In years	IF UNDER 1 YEA		74
Female	White	WIDOWE	44		9/5/14		last birthday)	Manths Days	Hours	Min.
10o. USUAL OCCUPATI	ON (Give kind of work king life, even if retired	dane 10b.	KIND OF BUSINESS	OR INDUS	TRY 11. BIRTHPLACE (S	tate or foreign c	ountry)	12. CITIZEN	OF WHAT	COUNTRY?
Homema	_		At Home		Chi	cago. I	11.	U.S	- A	
13. FATHER'S NAME	A. I.			***************************************	14. MOTHER'S MAID					
F	av Hammond				12 (7.23 4) 5	Malena	wn Cather	rine Tho	mpsor	
15. WAS DECEASED EVI	R IN U. S. ARMED FOR		SOCIAL SECURITY N	O. 17. H	NFORMANT		Add			
(Yes, no. or unknown)	(If yes, give wor or dates of s	etaice)		De	an H. Hardi	ng, M.D	. (same a	is #2)		
	ATH [Enter only one co	use per lin	ne for (o), (b), and (c	). Y	0 1	A		lin	TERVAL BI	TWEEN
to the first time of a william to the time.	ATH WAS CAUSED BY:	0	Talling	10	In allere	TiAn		10	SET AND	A
1530	IMMEDIATE CAUSE (d		MACKILLAR	W.C.	revenc	LATIA			70	Mour
133.0	DUE TO	00	La Chief	5000	tatiti	10			7.	10.1.
Conditions, if a	immediate	1 70	neralyer	100	mustalle a	-arca	www.ca		CX L	1-ears
cause (a), stoting		0	21.2.11		1000			Ch. I St.	11 11	0-1
lying cause last.	. ) (c	-	accord	FILL	2 0000	W.			7 9	ear
PART II. OT	HER SIGNIFICANT CON	DITIONS C	CONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE T	ERMINAL DISEAS	E CONDITION GIV	EN IN PART 1(0)	PERFO	DRMED?
5 46619519		001 000	COLOR ILC.	0.00000					YES [_	NO.
OR CONTRIBUTING	AS UNDERLYING [] G [] CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CKIRE HOW INJURY	OCCURRE	D. (Enter nature of injury	y in Part I or Par	t II at item 18.)			
20c. TIME OF INJU	RY Month, Day, Ye	While	Not while	20e. PL	ACE OF INJURY (Home, story, street, affice bldg.	form, 20f. (City etc.)	r ar town)	(Count)	1)	(State)
		at warl	<u> </u>							
21. I certify t	hat I attended the	decease	ed from 721	rucl	L., 195 0, to	TRUTER!	7, 1950	_,that 1 last	saw the	deceased
alive an7	-00, 00;	, 19.5	, and tha	t death	accurred at	26/2M, froi	m the causes o	ind on the d	ate stat	ed abave.
	- n nn/ n	1	05	11		ADDRESS (S	treet, city or town,	state)	1 D	ATE SIGNED
ACTUAL SIGNATURE	Millerich	11/1	ualle,	14	M.D. 1801-	640	Stille	Willock,	D.C.	2/20/2
AUVEICIANIE	(0		. //	1	, ,	1				1
PHYSICIAN'S NAME (Type)	WILLARD	CAI	MAL/EU	RIJY	1					
220. BURIAL, CREMATIC	ON, 226 DATE THEREC	)F	225 NAME OF CEN	METERY O	R CREMATORY	228. LOCA	TION (City, town,	or county)	(Sta	te) 70.
PEMOVAL (Specify	205.23.	1959	(Yarkla	un (	emilery.	Mu	Marmera	1. Count	4	Md
23. FUNERAL DIRECTOR	'S SIGNATURE	-	ADDRESS		1 1/2/ 240.	REC'D BY REGIS	TRAN 246. REG	TRAR'S SIGNAT	RE	
X. arthur	Walters.	254	Carroll S	W HUR	DATE	FEB 2 4	69 0	rihun & fr		
1 0000000	<u> </u>				· · · · · · · ·			- A. Th	· ut	

#### MARYLAND STATE DEPARTMENT OF HEALTH-DAUTIMONE, IN

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		PRODUCT AND EVALUATION OF THE PROPERTY AND EVALUATION OF THE P
		AND THE RESERVE OF THE PARTY OF

# FOR STATE HEALTH DEPT.

DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessory, please execute the certifice, writing the word "pending" in pendil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be for grided to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for files. Develope 1 phough 1 pending 1 and 2 with the State Baaras, Health, or its designated agent, prior to burial, cremation, or remavol, and in any event within 72 hours after death.

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V\$.			_	

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2000	Reg. Dist. No.,
1. PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
Mengencery MARYLAND	o. STATE //axy/accd b. COUNTY //outgementy
b. CITY OR TOWN It outside corporate limits write RISAL C. LENSTH OF STAY IN 16 and give negres town).	c. CITY OR TOWN (I) outside corporate limits, write RURAL and give recrest town)
Taxma flack	17 Jakoma Perky
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	/d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?
1411 Navior all	17411- Haucock. Use Upt. 203 YES NO
3. NAME OF DECEASED (Type or print) MRS GLADY 5. Middle HA	RRISON DEATH FEB 2 Doy Year 1959.
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED   8	B. DATE OF BIRTH 9. AGE III YEAR IF UNDER 244HRS.
WIDOWED DIVORCED D	Signer 28, 1907 Solvers Months Days Hours Min.
100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUST	
during most of working life, even if retired) US. Sorrumen	Mausland 1. S.a.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Samuel E. Keley	Emma Baldersen
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 1  (If yes, give wor, or glages of service)	NFORMANT A Address A MA O
le Was I	rs. D. D. Hardall, 1211 Pariet De - Kickeril
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL BETWEEN ONE IT AND DEATH
PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Crimary	Ecliner Found de
420.1 DUE TO	on Line
Conditions, if ony, which) (b)	room alon
gave rise to immediate cause (a), stating the underlying DUE TO	
couse last. (c)	
PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT IN	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19, WAS AUTOPSY PERFORMED?
3 Had few dead surrel de	lay when found. YES NO N
200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	Enter noture of injury in Part for Part II of item 18.)
	CE OF INJURY (Home, form, 120f. (City or town) (County) (State)
Hour a.m. p. m. 19 While Not while at work	ory, street, office bldg., etc.)
21. I certify that I took charge of the remains described about	ove, held on Autopsy , Inspection , Inquiry , and in my
opinion death resulted from: Notural causes . Accident	, Suicide , Homicide , Undetermined monner
1 1	
SIGNATURE Frank J. Broschart	M.D. CHIEF MEDICAL EXAMINER   DATE SIGNED
EXAMINER'S FLANK J. Broschart	ASSISTANT MEDICAL EXAMINER 2 2 - 6 - 59 DEPUTY MEDICAL EXAMINER 18
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR	CREMATORY 23d. YOCATION (City, Ipwn, or county) (Stote)
Cremetter 2/6/1959 Joy Lusah	y Cremetory (Sheace Selv. Co- MI)
23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240 REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
XINTHUR WALLIA, 254 GURAU AL	DATE FEB 9 '59 Conting & Kinese

# BY BROWN AND FIGURES AND TOMAN SHARED STORE CHARMAN

Reg. Dist. No.

0	_			42 51				
-		PLACE OF DEATH  o. COUNTY  Montgomer	~\r			MARYLAN	- 11 .	USUAL RESIDEN
		b. CITY OR TOWN (IF	outside corporate limi	its, write	c. LENGTH O	F STAY IN 1	b	c. CITY OR TOV
- A		Bethesda	arest town;		34	days		The Dis
-		d. NAME OF HOSPITA	AL (If not in hospital, s	ive street				d. STREET ADDI
50		The Clini	ical Center	, Be	thesda :	14, Mc	1.	1016 49
		NAME OF DECEASED (Type or print)	Fit Al:		Lu	Middle ticia		lost Hawki
	5.	SEX	6. COLOR OR RACE	7. MARR			B. D/	ATE OF BIRTH
		Female	Negro	WIDOWE	D 🔲 DI	VORCED [	No	ovember
	100	. USUAL OCCUPATIO during most of worki Charwomar	ing life, even if retired	done 10b.	Govern		DUSTRY	11. BIRTHPLACE
1	13.	FATHER'S NAME					14	. MOTHER'S MA
		Thurman W	<i>l</i> atkins					
/	15. (Ye	WAS DECEASED EVER	IN U. S. ARMED FOR	CES? 16.	SOCIAL SECUR	ITY NO. 17	. INFOR	MANT The
		No	,		Jnavail	able	The	e Clinic
	7	Conditions, if on gove rise to in cause (o), stoting the lying cause lost.	he under-	)	Pul	non		y em
	CATION	O / O X	ER SIGNIFICANT CON	DITIONS	ONTRIBUTING	M	BUINOI	RELATED TO TH
	CERTIFIC	20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY)	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	RIBE HOW IN	JURY OCCUI	RRED. (Er	nter nature of inj
	MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	Month, Doy, Ye	ar 20d. IN While of wark			foctory.	OF INJURY (Hom street, office blo
	1	21. I certify the Fe	at I attended the bruary 17	decease	0	anuary		, 19.59, curred at
,		ACTUAL SIGNATURE	aller	t-7	req	en	M.D.	Th
1		PHYSICIAN'S NAME (Type)	Albert Tr	reger	м. р.			Be
	220	BURIAL CREMATION			22c. NAME C	F CEMETERY	OR CRI	
		Burial (Specify)	2/21/59	)	wood	lawn	Cem	etery
	23.	FUNERAL DIRECTOR'S	1		ADDRESS			24
	X.	ec J. Tal.	mer 412 I	i St	M Z. M	ashir	igto	n u.Co

o. COUNTY Montgomer	У		MAR	YLAND	2. USUAL RESIDEN o. STATE	ICE (Whe	re deceased	l lived. If ins b. COU		esidence be	efore odm	ission)
b. CITY OR TOWN (If RURAL and give new	outside corporate limit	s, write	c. LENGTH OF STA	Y IN 1b	c. CITY OR TOV	NN (If ou	tside corpor	ote limits, w	rite RURAL	and give	nearest to	wn)
Bethesda	are are re-		34 day	S	The Dis	stric	t of	Columb	oia	47	X = 3	
d. NAME OF HOSPITA	AL (If not in hospital, gi	ve street	oddress)		d. STREET ADD	RESS					e. 15 R	ESIDENCE A FARM?
The Clini	cal Center	, Be	thesda 14,	Md.	1016 49	9th S	treet	. N. I	E.			ON D
NAME OF DECEASED	Fin	4	Middl	e	lost		4. DATE		Month		Day	Year
(Type or print)	Ali	ce	Lutio	ia	Hawki	ins	OF DEATH	Fe	brua	ry	17,	1959
. SEX	6. COLOR OR RACE	7. MARE	NEVER MARE	IED 🔲	B. DATE OF BIRTH			9. AGE (In y				DER 24 HRS.
Female	Negro	WIDOWI	DIVORC	ED 🔲	November	14,	1908	50	yrs. Mo	nths Day	s Hour	Min.
Oo. USUAL OCCUPATIO	N (Give kind of work d ng life, even if retired)	one 10b.	KIND OF BUSINESS	OR INDUS	TRY 11. BIRTHPLACE	E (State o	r foreign co	untry)	1	2. CITIZEN	OF WH	AT COUNTRY
Charwomar			Governmen	rt		Mary	rland			U.	S.	A.
. FATHER'S NAME					14. MOTHER'S MA							
Thurman W								atkins				
Yes, no or unknown)   {	IN U. S. ARMED FORG	rvice)	SOCIAL SECURITY N		FORMANT The							
No			<u>Unavailabl</u>	.e ]	The Clinic	cal C	Center	, Beth	nesda	14,	Mary.	land
	TH [Enter only one cou	ise per fi	ne for (a) (b). and (c	).]	0	1	1 -			11	NTERVAL NSET AN	BETWEEN ID DEATH
	H WAS CAUSED BY: IMMEDIATE CAUSE (o)		Pulmo	an	Du Cu	Los	less	44				o bernin
465 X	DUE TO											
Conditions, if on	y, which ) (b)				9							
gove rise to in cause (o), stoting t	mediote (											
lying cause lost.	(c)									. 64		
PART II. OTH	ER SIGNIFICANT CONE	OITIONS (	ONTRIBUTING TO D	EATH BUT I	NOT RELATED TO TH	IE TERMIN	IAL DISEASE	CONDITION	GIVEN II	N PART 1(o	19. WA	S AUTOPSY
Olox	Tulia.	0.1	Vala	Ma		V.					YES	FORMED?
20a. ACCIDENT WAS	S UNDERLYING	20b. DES	CRIBE HOW INJURY	OCCURRED	. (Enter nature of in	jury in Po	ort I or Port	II of item 18	.)		1	J []
OR CONTRIBUTING	CAUSE OF DEATH				0							
20c. TIME OF INJURY	Month, Doy, Yea	r 20d. It	NJURY OCCURRED	20e. PLA	CE OF INJURY (Hon	ne, form,	20f. (City	or tawn)	-	(Coun	lv)	(Stole)
Hour o.m.	19	While of war	Nat while	foci	lory, street, office ble	dg., etc.)				(200	71	(5.5.0)
p. m.	· · · · · · · · · · · · · · · · · · ·	.1	Town.	ary 1	1. 50	Fo	hanson	17	EO			
Fo	bruary 17	deceas			/ '//							
alive an	prata Ti	_, 192	Z, and tha	t death	accurred at							
ACTUAL	000 -	- 07			m.			reet, city or t		)		DATE SIGNED
SIGNATURE	Men	- S/-	real	1	1.0.			1 Cent		~		18-59
PHYSICIAN'S	433 4 M		7					stitut		i Hea	lth	
NAME (Type)	Albert Tr	eger	, M. D.		Ве	thes	da 14	, Mary	rland			
20. BURIAL, CREMATION	, 226. DATE THEREO	F	22c. NAME OF CEN			1	22d. LOCAT	ION (City, to	wn, or co	unty)	(\$1	rate)
Burial (Specify)	2/21/59		woodlar	wn Ce	emetery		Wash	ingto	on		D.C	•
. FUNERAL DIRECTOR'S			ADDRESS				BY REGISTI			R'S SIGNA	- 17	
Lee J. Jal.	mer 412 H	St	N.B Was	ning.	ton u.Go	ATEEB	1 9 '59		Deriver	S. Tro	us.	

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· Marine Commission Commission for	100 100 12 100 100	HERE TRANSCOURS		

		41	167	CERTIFIC	AIE OF	DEAIL			Reg. Dist	No.	
1.	o. COUNTY Montgomer	У		MARYLAND	o. STATE	residence (wi	here decease	ed lived. If instituti b. COUNTY MON			mission)
Γ	b. CITY OR TOWN (III	f outside corporate limitarest town)	ts, write	c. LENGTH OF STAY IN 1b	c. CITY	OR TOWN (IF	outside corp	prote limits, write R	URAL and gi	ve negrest t	own)
L	Bethesda			129 days	56 St	lver S	pring				
	d. NAME OF HOSPIT. OR INSTITUTION The Clini	AL (If not in hospitol, g	, Bet	chesda 14, Md.	d. STRE	Unive:	rsity	Boulevar	d, Eas	0	RESIDENCE N A FARM?
3.	NAME OF DECEASED	Fir		Middle		Last	4. DATE	Mon	ith	Day	Yeor
	(Type or print)	Mil	ton	Francis	Hefi	ernan	OF DEATH	Febru	ary	16,	1959
5.	SEX	6. COLOR OR RACE	7. MARR	IED MEVER MARRIED	B. DATE OF	BIRTH		9. AGE (In years last birthday)	IF UNDER 1	YEAR IF U	NDER 24 HRS.
	Male	White	WIDOWI		Octob	er 24,	1917	yrs.	Months [	Doys Ho	urs Min.
10	during most of work	ON (Give kind of work ing life, even if retired	done 10b.	KIND OF BUSINESS OR INDI	JSTRY 11. BIRT	HPLACE (Stote	or foreign	country)	12. CITI2	EN OF W	HAT COUNTRY
	Budget Exa	miner		Government		Washin	gton,	D. C.		U. S	. A.
13	. FATHER'S NAME				14. MOTH	ER'S MAIDEN	NAME				
	Harry Hef	fernan				Mary F.	lahert	ty			
	. WAS DECEASED EVEL	R IN U. S. ARMED FOR		SOCIAL SECURITY NO. 17.	INFORMANT	The Me	dical	Record	ress		
1	No	in yes, give wor or ocios or i	ar vice;	577-09-4586	The Cli	nical	Center	, Bethes	da 14.	Mary	land
		TH WAS CAUSED BY: IMMEDIATE CAUSE (o	Res	ne for (o), (b), ond (c).]  piratory Arres  reased Intrac				iac Arres	t	Minu Mont	BETWEEN ND DEATH Ites
	gove rise to in couse (o), stating I tying couse lost.	mmediote (	Ade	nocarcinoma, I				d, with		Year	
TIFICATION	20- ACCIDENT WA	S UNDERLYING OF CAUSE OF DEATH	DITIONS C	CONTRIBUTING TO DEATH BU	T NOT RELATER	TO THE TERM	INAL DISEAS		EN IN PART	PE	AS AUTOPSY REORMED?
CERTI	(IF EITHER, NOTIFY	MEDICAL EXAMINER)									
MEDICA	20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Day, Yes	20d. If While of wor	_ Not while _ fi	LACE OF INJU octory, street, c	RY (Home, farm ffice bldg., etc	n. 20f. (Cit	y or town)	(Co	ounty)	(Stote)
		ot I attended the soruary 16	J. 19.5	god that deat	, 19.2	at 8:29	PM, from ADDRESS (Sinical Installation)	treet, city or town, L Center stitutes	ond an the stote)  of Hea	2-1.7	ated above
22	PO- BURIAL, CREMATIO REMOVAL (Specify) BURIAL	2/20/59	F	MT. OLIVET	OR CREMATOR			TION (City, town, dington,	,,,	(:	Stote)
23	Raymon		INC.		ING, MI		D BY REGIS		STRAR'S SIGI		

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page D FUNERAL DIRECTA: After this certificate has been signed by the attending physician and campletely filled in by the page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shather registrar prior to burial, cremation, ar removal, and in any event within 72 hours after death. the hospital or attending physician. TO FUNERAL DIRE
poge 3 should be di

VS A15 (4) 15M 9/55

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#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1993 CERTIFICATE OF DEATH

Reg. Dist. No.

02046

-			
	PLACE OF DEATH	- 11	USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY
	Montgomery	ID	Mary land Mont.
	c. LENGTH OF STAY IN 1 RURAL and give nearest town)	Ь	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	a Koma Pack Md Uman-17d	245	XCherry Chase 15.
	d. NAME OF HOSPITAL (If not in hospital, give street address)		d. STREET ADDRESS e. IS RESIDENCE
1.	lashington Sanitarium + Ho	Sin	That 7106 45 th St. YES NO
3.	NAME OF First Middle	1	Last 4. DATE Month Day Year
	Type or print) Jehn Euere	#	Hendricks DEATH Feb. 2 1959
5.	6. COLOR OR RACE 7. MARRIED NEVER MARRIED	] 8. D	PATE OF BIRTH  9. AGE (In years   FUNDER   YEAR   FUNDER 24 HRS.
	Male white WIDOWED DIVORCED	] 5	5-15-93 (65 yrs. Months Days Hours Min.
100	. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	NDUSTRY	Y 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	Patent Examiner		Kyt. American
13.	FATHER'S NAME	1	14. MOTHER'S MAIDEN NAME
1	Albert Ellenderive		All and an
15.	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1	7. INFO	DRMANT Address
(Ye	(the yes, give wor or dates of service)	01	2- 1-1
	es lulu I from		turboul herwen
	18. CAUSE OF DEATH [Enter only one couse per line far (o), (b), and (c).] * PART I. DEATH WAS CAUSED BY:		INTERVAL SETWEEN ONSET AND DEATH
	IMMEDIATE CAUSE TO TO MOCOTIONS	my	(1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (
	DUE TO LE SE PORTUE	1 Se	moral for
	Conditions, if any, which	fla	the reasons I man
	gave rise to immediate DUE TO	1	1 - J. R. R. O. Cott. M.
	lying cause lost. If the make in plut	rope	my degri senal curroying
O N	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH	BUTNO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
3			YES NO
CERTIFICATION	20g. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCU	IRRED. (8	Enter nature of injury in Part I or Port II af item 18.)
	(IF EITHER, NOTIFY MEDICAL EXAMINER)		
MEDICAL			OF INJURY (Hame, farm, 20f. (City or tawn) (County) (State)
AED	Hour a.m.  p. m.  19 While Not while at work at work	ractory	y, street, office bldg., etc.)
-	21. I certify that Lattended the deceased from 12-6	_	1058 10 2 12 1059 hallow the dead
	X		1938, ta 1937, that I last saw the deceased
	alive an 19 and that de	ath ac	coursed at 9:13 M, from the causes and an the date stated above
	ACTUAL ACTUAL	A	92 GOD STORES (STREET CITY OF TOWN, STOJE)
	SIGNATURE CONTROL CONTROL OF THE SIGNATURE	M.D	104 Cleanor Mi falley filly to
	PHYSICIAN'S		
-	NAME (Type)		
220	BURIAL, CREMATION, 22b. DATE THEREOF 22c NAME OF CEMETER	10	
-	REMOVAL ESPOSITION 2-6.59 LESS CR	2/1	31/12 8:02
23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	V/-	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
2	1 W. LEE 300 4/251	- Park	DATE FEB 9 159 Circling S. Knows
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eral director, be filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page a may be retained by the hospital or attending physician.

TO FUNERAL DIRE ARE THE FOR After this certificate has been signed by the attending physician and completely filled in by the eral direction page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 show, be filled with the registrar prior to burial, cremation, ar remayal, and in any event within 72 hours after death. VS A15 (4) 15M 9/S5

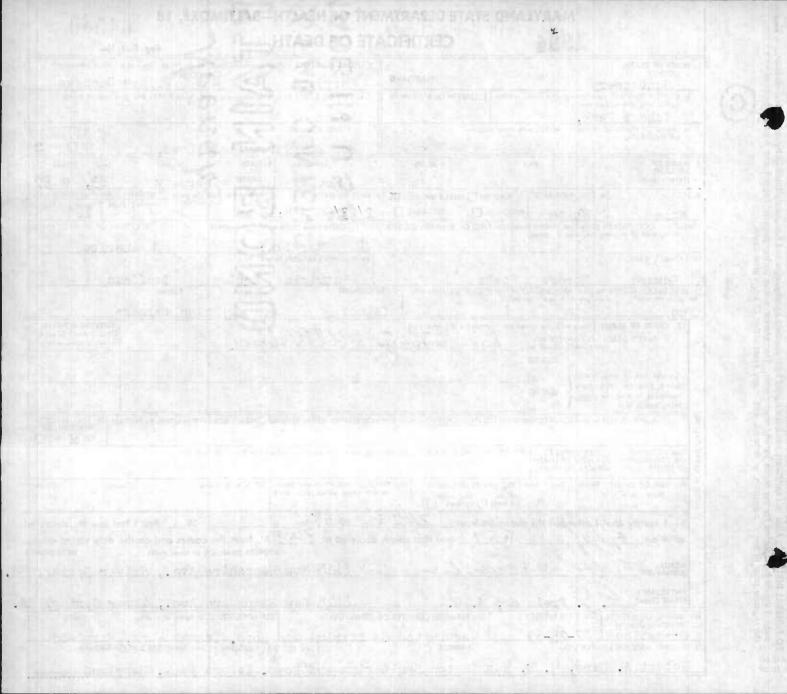
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	TE OF DEATH	CERTIFICA	₫* ~	
		and the same	- '' -	
			<i>i.</i>	
		General Park		
			O TO PASSAGE	PUNDE D
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Birth Certificate OF DEATH Reg. Dist. No. with 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) filed o. COUNTY b. COUNTY Prince Georges o. STATE MARYLAND Montgomery Maryland nours after death. ō b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give negrest town) Takoma Park. Bowie d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? Sanitarium and Hosp. Box 265 Springfield YES NO TO Washington Road NAME OF First 4. DATE Middle Month Year DECEASED (Type or print) DEATH Hobbs February 19559 9. AGE (In years last birthday) 5. SEX 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 8. DATE OF BIRTH IF UNDER I YEAR IF LINDER 24 HRS Months Days DIVORCED Male White WIDOWED | yrs 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? death. during most of working life, even if retired) puo carban Marvland America 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician Edward Patricia Louise Cauffman remove 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address Ilf yes, give war or dates of service attending father same address no death 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH ₫ PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO ony Conditions, if any, which gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. burial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY CATION removoi, PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) MEDICAL 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, Day, Year 20d. INJURY OCCURRED 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour o. m. Not while While of work of work p. m. 21. I certify that I oftended the deceased-from \_\_\_\_\_, 19\_\_\_\_,that I lost saw the deceased and that death occurred at 8.20 P.M. from the causes and on the date stated above. alive on ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL 8418 New Hampshire Ave., Silver Spring, Md. DIRE should registrar PHYSICIAN'S NAME (Type) 8118 New Hampshire Ave. Silver Spring Md. Preisser FUNER 220. BURIAL CREMATION. | 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) page REMOVAL (Specify) Washington Sanitarium and Hosp. T.
ADDRESS 240. REC'D BY REGISTARS Cremation Takoma Park Maryl and 0 23. FUNERAL DIRECTOR'S SIGNATURE 24b. REGISTRAR'S SIGNATURE LA VS A15 (4) Hare. M. D. Washington Sanitarium and Hosp. 15M 10/57

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# FOR STATE HEALTH DEPT.

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	e, writing the ward "pending" in pending" in pending. Give Pages 1, 2, and 3 to the funeral director.		TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board	
51	W 2	1/5	/	

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 2072 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No.

•	1.	LACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
		MARYLAND MARYLAND	o. STATE med b. COUNTY Monta
	Ь	CITY OR TOWN (II outside congetate limits, write RUAL C, LENGTH OF STAY IN 16	c. CITY OR TOWN (If oulside corporate limits, write RURAL and give nearest town)
		lashington 16-20 3 you	Warhington 16 - Le
3	d	NAME OF HOSTITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?
		5404 Blackstone Rd	5404 Blackstone Rd YES NO B
	1	NAME OF PICEASED Middle	Lost A. DATE Month Day Year
	-	Type or print) Julian fairence Ho	Cley DEATH Jeh 22 1959
1	5. S	The state of the s	DATE OF TRIH  9. AGE In years    IF UNDER 1YEAR   IF UNDER 24 HRS.
	10	Males white WIDOWED DIVORCED	8-23-98 60 yn.
/	100 d	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTI	RY 11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?
	- Marie	na Hudrahama APPLIED Physics Li	48 Come 91.5a
	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	N	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN	FORMANT Address
		no, or unknown)   Ill yes, give wor ar dates of service)	PORMANT Address
		/72	elece Herry (wyle) Herr I
		18. CAUSE OF DEATH [Enter only one course per fine for (o), (b), and (c).]  PART I, DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
		IMMEDIATE CAUSE (0) Coronary O'C	elizar sudden,
		Condition (t. co. 1543)	
		Conditions, if any, which gave rise to immediate cause	
		(a), stoting the underlying DUE TO couse lost.	
	Z	, (c)	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY
0	CERTIFICATION	Hit A down see Con	PERFORMED? YES NO N
	TIFIC	200. EXTERNAL CAUSE WAS 200. DESCRIBE HOW INJURY OCCURRED. (E.	Per nature of injury in Part II or Part II of item 18.)
		PRIMARY O or CONTRIBUTING TO CAUSE OF DEATH.	
	MEDICAL	20c, TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20e, PLAC While Not while foctor	E OF INJURY (Home, form, 20f. (City or town) (County) (State)
	ME	p. m. 19 at wark all wark	
		21. I certify that I took charge of the remains described above	ve, held on Autopsy , Inspection , Inquiry , ond in my
		opinion deoth resulted from: Notural causes . Accident	, Suicide , Homicide , Undetermined monner
		- A . A . A	
1		SIGNATURE JAMES 2 0 - Dronthaux	M.D. CHIEF MEDICAL EXAMINER D
ol		EXAMINER'S FLANKT BE	ASSISTANT MEDICAL EXAMINER \\ \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	22.	NAME (Type) / // / / / / / / / / / / / / / / / /	DEPUTY MEDICAL EXAMINER
	-	BURIAL SEMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR	7.
(	Section 2	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	1240. REC'D BY DEGISTRAR 24b. REGISTRAR'S SIGNATURE
	1	soll Harden Jones 1756 be a. M	246. REC'D BY PEGISTRAR 246. REGISTRAR'S SIGNATURE DATE  DATE  246. REC'D BY PEGISTRAR  246. REGISTRAR'S SIGNATURE  ATTAMA
1	1	and beautiful and a different	A. C. I DATE

#### FOR STATE HEALTH DEPT

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 1995MEDICAL EXAMINER'S CERTIFICATE OF DEATH

02048

							Keg, Di	st. No	
	PLACE OF DEATH O. COUNTY Mentgomery		O STAT	re .		sed lived. If institu		nce bef	fore admission)
		MARYLAN	0	Mary	rland	D. COUNT		ont	E.
m	b. CITY OR TOWN (If outside corporate limits, write BURAL and averages) town?	c. LENGTH OF STAY IN 11	b c. CITY	OR TOWN	(If outside cor	porote limits, write	RURAL ond	give n	eorest town)
	Takoma Park	49 yrs.	17	Takon	na Park				
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hos	pital, give street address)	d. STRE	ET ADDRESS					e. IS RESIDENCE
	7200 Holly Ave.			72.00	Holly	Ava			YES NO
	NAME OF First								
	DECEASED	Middle		Lost	4. DATE OF	Month		Doy	Yeor
-	(Type or print) John Humphrey	The state of the s			DEATH	Feb.	4, 1	959	19
5. :	SEX 6. COLOR OR RACE 7. MARRIE	D NEVER MARRIED	8. DATE OF B	IRTH		9. AGE (In years lost birthday)	IFUNDER		IF UNDER 24 HRS.
	male white widower	DIVORCED [	10/1	2/1877	7	81 yrs.	Months	Days	Hours Min.
10c	. USUAL OCCUPATION (Give kind of work done 10b. K	IND OF BUSINESS OR INDU	JSTRY   11. BIRT	HPLACE (Sto	te or foreign	country)	12. CITIZ	EN OF	WHAT COUNTRY
- 1	during most of working life, even if retired)			D.C.					
12	FATHER'S NAME		III NOTH					U	SA
			14. MOTH	R'S MAIDEN	NAME				
1	Thomas Humphrey					Co	nnor		
	WAS DECEASED EVER IN U. S. ARMED FORCES?  1, no. or unknown)  1 [If yes, give war ar dates of service]	SOCIAL SECURITY NO. 17.	. INFORMANT			Address			
			Adelia	H. Fra	zier		It	em 2	2
	18. CAUSE OF DEATH [Enter only one cause per line	for (o), (b), and (c).							VAL BETWEEN T AND DEATH
	PART I. DEATH WAS CAUSED BY: Coro	nary occlusio	on						and DEATH
	MMEDIATE CAUSE (6)	, , , , , , , , , , , , , , , , , , , ,						30	adden
	4.00 DUE 10								
	Conditions, if ony, which) (b)								
	gove rise to immediate couse (a), stating the underlying DUE TO								
	couse last. (c)								
Z	PART II. OTHER SIGNIFICANT CONDITIONS CO	NTRIBUTING TO DEATH BU	T NOT RELATED	TO THE TER	MINAL DISEAS	E CONDITION GIV	EN IN PART	1(0) 15	P. WAS AUTOPSY
ATK	History of previ								PERFORMED?
FIG		HOW INJURY OCCURRED.		of injury in P	ant I as Part II	of item 10 t			IS HON
CERTIFICATION	PRIMARY   or CONTRIBUTING   CAUSE OF DEATH.	TOWN HOOK! OCCORRED.	Lines notore	or injury in r	Off I OF FORT II	or frem 1e.j			
		ALLIEN DECLIPATED TOO							
MEDICAL	20c. TIME OF INJURY Month, Doy, Yeor 20d. I Hour o, m. While		LACE OF INJUI actory, street, o	(Y (Home, to ffice bldg., e	rm.   20f. (City	y or town)	(Cou	nty)	(State)
ME	p. m. 19 at wa								
	21. I certify that I took charge of the r	emains described ab	bove, held	on Autor	osy 🔲 I	nspection ox,	Inquir	· 🗑	, and in my
	opinion death resulted from: Natural of	auses C Accident	Cut.	cide [],	Homicide			-	
	Training Comments of the Comme	doses DCI, Accident	, 301	ide L.,	Tonticide	, Undele	rmined m	unne	
	ACTUAL A A GO	- / -							DATE SIGNED
	SIGNATURE MANY 4. 1 MM	rhant	M.D.		EXAMINER [				
	EXAMINER'S Promise To The State of The State		ASSI	STANT MED	ICAL EXAMINE	2/5	150		
	NAME (Type) Frank J Broschar	t	DEP	JTY MEDICA	L EXAMINER	x 4/2	177		
220	BURIAL, CREMATION, 226 DATE THEREOF	224 NAME OF CEMETERY	OR CREMATOR	1 ~1	22d 10CA	TION (City, town, o	r county)		(Stote) /
	Benoval (Specify) 36-7, 1939	Glera Witche	rutor Ce	milleu	1 rui	a Klows	(m	nlu	· Mil
23,	PUNERAL-DIRECTOR'S SIGNATURE	ADDRESS	1 ( 0)	240./RE	C'D BY REGIST	TRAR 246 REGIS	TRAR'S SIG	NATUR	E
(	1. Cothus Calattion 2011	Cansall M.	911/191	DATE				.0.	
	Town the still still so the	Cecount of	40,00	DATE	In the contract of	- Cu	- AMRL 5	9 Fran	t,A.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessory, please execute the certifiche, writing the word "pending" in pendi in Item, 18. Give Pages 1, 2, and 3 to the funcial director. Page 4 should be forward to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for a filler.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board Artealth, are its designated agent, prior to burial, cremotian, or removal, and in any event within 72 haurs after death. VS. A15ME 5M 2/57

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#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

02049

	2013	CERTIFICA	AIE OF DEATH	1		Reg. Dist.	No.215	
1. PLACE OF DEATH o. COUNTY Montgomery		MARYLAND	2. USUAL RESIDENCE (WHO O. STATE Maryland	nere deceased li	ved. If institution b. COUNTY MONTGOI		before admis	sion)
	If outside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If a	ulside corporot			e nearest tow	n)
	Rural)	12 days	Silver Spri	ng 5	6			
d. NAME OF HOSPIT OR INSTITUTION	TAL (If not in hospital, give street	address)	d. STREET ADDRESS	/			e. IS RES	SIDENCE FARM?
M. S. Naval	Hospital		1606 Brisbs	ne gtre	eet			NO 🔀
B. NAME OF DECEASED	First	Middle	Last	4. DATE	Month		Day	Yeor
(Type or print)	Robert	Lincoln	HUMPHREYS	OF DEATH	Februa	ary	4	1959
S. SEX	6. COLOR OR RACE 7. MARR	RIED NEVER MARRIED	8. DATE OF BIRTH	9.	AGE (In years		EAR IF UND	
Male	Caucasian widow	ED DIVORCED	8-27-20		lost birthdoy) 38 yrs.	Months Do	ys Hours	Min.
00. USUAL OCCUPATIO	ON (Give kind of work done 10b. king life, even if retired)	KIND OF BUSINESS OR INDU	ISTRY 11. BIRTHPLACE (Stote	or foreign coun	itry)	12. CITIZE	N OF WHAT	COUNT
Radio Engi		deral Aviation	Ag. Was	hington	n. D. C.	U.	S.A.	
3. FATHER'S NAME			14. MOTHER'S MAIDEN N					
Lincoln HU	MPHREYS		Julia YOUN	GQUIST				
S. WAS DECEASED EVE	R IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT		Addres	ıs		
Yes Yes	(If yes, give war or dates of service)  WW II	(1)	W) Mrs. Mary I	ouise F	Tumphrev	s. san	e as	12 ab
*	ATH [Enter only one couse per li		7 22 2 2 2 2		1		INTERVAL BI	
	TH WAS CAUSED BY: MOT	ignant melanon	na with metast	ละเร			ONSET AND	DEATH
190.5	The state of the s						5 yea	TP
1 1010		Primary site:	Ter c scaputa	region,		100		
Conditions, if o	mmediate							
couse (o), stoting								
lying couse lost.	) (c)							
S	HER SIGNIFICANT CONDITIONS C	CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMI	NAL DISEASE C	ONDITION GIVE	N IN PART 1	PERFC	AUTOPSY PRMED?
	AS UNDERLYING \( \begin{align*} 20b. DESI CAUSE OF DEATH MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in I	Port I or Port II	of item 18.)			
20c. TIME OF INJUR Hour a. m. p. m.	Y Month, Doy, Year 20d. II 19 White at wor	Not while to	ACE OF INJURY (Home, form octory, street, office bldg., etc.	, 20f. (City or	town)	(Cou	nty)	(Stote
21. I certify the	uary 4 195		23 , 1959 , to Fe occurred at 10:45					
0	2////////	, dily illar deali			et, city or town, st			ATE SIGN
ACTUAL SIGNATURE	Votes (	Thomas	M.D. U. S. Nav				2-4-	
	R. C. THOMAS, I		Bethesda	14, Mar	ryland			
REMOVAL (Specify)	22b. DATE THEREOF	Arlington Na		22d. LOCATIO	N (City, town, or gton	county)	Va.	(e)
R. A. Puniphir		ADDRESS , Bethesda, Ma		B 6 '59		RAR'S SIGN		

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 moy be retained by the haspital or attending physician.

TO FUNERAL DIRE
R: After this certificate has been signed by the attending physician and completely filled in by the page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 she the registrar prior to burial, cremation, ar remayal, and in any event within 72 hours after death. VS A1S (4) 15M 10/57

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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 2074 CERTIFICATE OF DEATH

12050 Reg. Dist. No.

o. COUNTY	ONTGOMERY		MARYLI		2. USUAL RESIDENCE (WHO O. STATE MARYLA		d lived. If instituti b. COUNTY		e before adr GOMERY	
b. CITY OR TOWN RURAL and give	(If outside corporate limit nearest town) R SPRING	s, write	c. LENGTH OF STAY IN	1 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  SILVER SPRING					own)
d. NAME OF HOSP OR INSTITUTION	PITAL (If not in hospitol, gi	ve street RSIN	oddress) IG HOME		d. STREET ADDRESS / 508 MISSIS	SIPPI	AVENUE		10	RESIDENCE N A FARM? NO N
NAME OF DECEASED (Type or print)	Fire		Middle ROBERT.	A	Lost HUNTER	4. DATE OF DEATH	Mon FEB		Day 27	Yeor 1959
SEX FEMALE	6. COLOR OR RACE WHITE	7. MARI WIDOW	RIED NEVER MARRIED	-	DATE OF BIRTH Aug. 5, 1873		9. AGE (In years last birthday) 85 yrs.		YEAR IF UN	NDER 24 HR5.
during most of wo	ION (Give kind of work d orking life, even if retired)	one 10b.	KIND OF BUSINESS OR ationary St	ore	Washingt				S.A.	IAT COUNTRY
ROBERT H.	HUNTER				14. MOTHER'S MAIDEN N MARY FRANC		LLAN			
S. WAS DECEASED EV	/ER IN U. S. ARMED FORG		SOCIAL SECURITY NO.		ORMANT . Virginia E	. Row	Add e, 508 Mi		ippi A	ve.
Conditions, if gave rise to cause (a), stating lying couse last	g the under-	DITIONS	CONTRIBUTING TO DEAT	C. S	OT RELATED TO THE TERMI	NAI DISFAS	E CONDITION GIA	FN IN PART	1(a) 19 W	Z = a ~
	72021							EN IN PARI	PER	FORMED?
OR CONTRIBUTIN	VAS UNDERLYING  IG CAUSE OF DEATH Y MEDICAL EXAMINER)	206. DES	CRIBE HOW INJURY OCC	URRED.	(Enter nature of injury in P	Port I or Por	t II of item 18.)			
20c. TIME OF INJU Hour a.m. p. m.	. 10	While	NJURY OCCURRED 21  Nat while  k of work		E OF INJURY (Home, farm, ry, street, office bldg., etc.		or town)	(Co	ounty)	(State)
21. I certify alive on	that I attended the			leath o	ccurred at 250	ADDRESS (S	27, 195 in the causes of freet, city or town,	and an the	e date st	
PHYSICIAN'S NAME (Type)	JOHN S. R	OGER	s		Life	We f	Jp	5 2	0	Sink sale Sink Sink Sink Sink Sing Sape Sape Sape Sape Sink
BURIAL CREMATI	3/2/59	F	OAK HILL C				TION (City, town)	_	(\$	tote)
FUNERAL DIRECTO	PUMPHREY, I	NC.	SILVER SP	RING	, MD . 24a. REC'I	D BY REGIST		othur S.	4 -	

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page may be retained to the haspital or attending physician.

2 FUNERAL DIRECTA: After this certificate has been signed by the attending physician and completely filled in by the page 3 should be detached for use as the burial-transit permit. Then please remove carbon pages. Pages 1 and 2 sit the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death. TO HOSPITAL OR A May be retained by TO FUNERAL DIRE VS A15 (4) 15M 9/55

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UNDER 1	YEAR IF	UNDE		-
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12. CITIZ	EN OF	WHAT	COUNTR	17
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HOSPITAL OF TTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 nay be retained, the haspital or attending physician. FUNERAL DIRICAL SECTION OF A start this certificate has been signed by the attending physician and campletely filled in by the teral director, age 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should with the registrar prior to burial, cremation, or removal, and in any event within 72 houry-after death.

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	EU1	J	<u> </u>				1	Reg. Dist	. No.	
1. PLACE OF DEATH  o. COUNTY  Montgome:	ry.		MARYLA	AND	2. USUAL RESIDENCE (Who Q. STATE Virginia	ere deceased lived	If institution by COUNTY APLING		before admiss	ion)
b. CITY OR TOWN ( RURAL ond give n  Bethesda	If outside corporate limi earest town)	ts, write	c. LENGTH OF STAY IN	ч 1Ь	c. CITY OR TOWN (If or Arlington	itside corporato li	mils, write RU	RAL and giv	re nearest town	)
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospitol, g			4d a	d. STREET ADDRESS 1819 North	Fairfax	Drive			FARM?
3. NAME OF DECEASED (Type or print)	Fir Ethel		Middle Elizabet		tost Husbands	4. DATE OF DEATH	Month		Doy	Yeor 1959
5. SEX Female	6. COLOR OR RACE	7. MARE	RIED NEVER MARRIED		DATE OF BIRTH August 2, 18	9. AC los			YEAR IF UNDI	
100. USUAL OCCUPATION	ON (Givo kind of work of king life, even if retired)	tone 10h	- Marie	_	RY 11. BIRTHPLACE (Stote of Delaware				S. A.	COUNTRY
13. FATHER'S NAME	Chiffina			10	14. MOTHER'S MAIDEN N. Emily Eller					
	Chiffins R IN U. S. ARMED FOR (If yes, give wor or dates of se	ervice)	SOCIAL SECURITY NO.		ORMANITHE Medies Clinical Co	cal Reco			Maryla	nd
	THE WAS CALIFFED BY		te myelogene	ous	leukemia				INTERVAL BE ONSET AND Mont	DEATH
Conditions, if o gove rise to i couse (o), stoting lying couse lost.	mmediate the under-	)	te hemorrha		pneumonia  OT RELATED TO THE TERMIN	VAL DISEASE CON	IDITION GIVE	N IN PART	Days	AUTOPSY
20g. ACCIDENT W			terioscleres		(Enter nature of injury in Po	ort I or Port II of	item 1B.)			RMED?
20c. TIME OF INJUR Hour o. m. p. m.	RY Month, Day, Yeo	While	NJURY OCCURRED  Not white k ot work	0e. PLAC	E OF INJURY (Home, form, ory, street, office bldg., etc.)	20f. (City or to	wn)	(Co	unty)	(Stote)
21. I certify the alive on Fe		deceas			, 19 <u>59</u> , ta Fel occurred at <u>14205</u> 1	M, from the	causes an	d an the	date state	ed abave
ACTUAL SIGNATURE  PHYSICIAN'S NAME (Type)	thur T. Te	plit	epliblu zky, M. D. (	7-M	The Clinica The Nationa Bethesda 1	al Insti	tutes o		2-13-	SP
220. BURIAL, CREMATIC REMOVAL (Specify	1-15	F -59	22c. NAME OF CEMETI Selection ADDRESS	B	EREMATORY Lank	22d. LOCATION ( Melone  BY REGISTRAR		8	(Stote Classic	
C. P Dr	emps	RA	llington,	þ	DAILE B	1 6 '59	lax!	2 15	accol.	

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	Reg. Dist. No.
1. PLACE OF DEATH  o. COUNTY  MARYLAND  MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. STATE b. COUNTY b. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give secrest town)
d. NAME OF HOSPITAL III not in hospital give street oddress) OR INSTITUTION Suburiban	1 d. STREET ADDRESS 9208 adelajde Dring ON A FARM? YES NO 18
NAME OF First Middle  DECEASED (Type or print)  MOTHER TO MIDDLE	Lost 4. DATE Month Day Year OF DEATH 2 / 19.5
SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 1897 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days Hours Min.
Do. USUAL OCCUPATION (Give kind of work done during most of working life, even if retifed)	STRY 11. BIRTHPLACE (Stold or foreign country) 12. CITIZEN OF WHAT COUNTR
3. FATHER'S NAME	14. MOTHER'S MAIDEN MAME Filomena Yelardo
Yes, no. or unknown) (If yes, give wor or dates of service)	enformant Carmen des entre de les
18. CAUSE OF DEATH [Enter only one cause per line for (a); (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a).  DUE TO  Conditions, if ony, which gove rise to immediate cause (a), stating the under-lying cause lost.  (c)	Primary site unknown  [Noter and Death onset and Death onset]
	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  YES NO (2)  D. (Enter noture of injury in Port I or Port II of item 18.)
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, farm, ctary, street, office bldg., etc.)  (County) (State)
21. I certify that attended the deceased from Oct 6 alive on 1957, and that death	1957, to 1957, to 1957, that I last saw the decease accurred at 8:36PM, from the causes and on the date stated above
ACTUAL SIGNATURE CILLEN & NEILL	M.D. SCOT OLG Story of town, stote) DATE SIGNI
PHYSICIAN'S Allew J DWeill	Bethesda 19 Md
Burial, cremation.  226. Date thereof  22c. Name of Cemetery of Gate of Hea	
I. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
Robert A. Pumphrey - Bethesda, Ma	iryland DATE FEB 4 '59 Collar 0 4

be filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 moy be retained by the hospital or ottending physician.

D FUNERAL DIRE

R: After this certificate has been signed by the ottending physician and completely filled in by the page 3 should be delacted for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shither registrar prior to burial, cremation, or removal, and in any event within 72 hours after death. moy be retained by TO FUNERAL DIRE page 3 should be de VS A15 (4) 15M 9/55

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#### MARKANO STATE DEPARTMENT OF HEACH-INLIMORE, IC

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MARION AND THE MARION CONTRACTORS OF STOLE	territoria de la composição de la compos			
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Sent Property and Transport Town Com-		- Contract		

VS A15 (4) 15M 10/57

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#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 2077

**CERTIFICATE OF DEATH** 

112052

Reg. Dist. No. 215

o. County  Montgomery		MARYLAND	2. USUAL RESIDENCE (* o. STATE District (*		6 COUNTY	on: Residence	before odmi	ssion)
b. CITY OR TOWN (If outside corpo	rote limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (			URAL and giv	e nearest tov	vn) V
Bethesda (Rural)		27 days	Washington			47 x -	3	
d. NAME OF HOSPITAL (If not in ho	spitol, give street	oddress)	d. STREET ADDRESS					SIDENCE
U. S. Naval Hospi	tal		4344 Texa:	s Ave.,	S. E.			A FARM?
3. NAME OF	First	Middle	Lost	4. DATE	Mon	th	Day	Yeor
DECEASED (Type or print)	Henry		IRVING	OF DEATH	Febr	uary	23	1959
5. SEX 6. COLOR OI	R RACE 7. MARI	RIED X NEVER MARRIED	8. DATE OF BIRTH		9. AGE (In years last birthdoy)	IF UNDER 1		
Male Negro	WIDOW	ED DIVORCED	7-9-94		64 yrs.	Months D	oys Hours	Min.
10a. USUAL OCCUPATION (Give kind of during most of working life, even i	of work done 10b.	KIND OF BUSINESS OR IND	USTRY 11. BIRTHPLACE (Sec	ote or foreign o	country)	12. CITIZI	EN OF WHA	T COUNTRY?
None None	rentedj		Virgi	nia		U	.S.A.	
13. FATHER'S NAME			14. MOTHER'S MAIDEN	N NAME				
Unknown			Unknown					
15. WAS DECEASED EVER IN U. S. ARM		SOCIAL SECURITY NO. 17.	INFORMANT		Add	ress		
Yes (Yes, no. or unknown) (If yes, give wor or WWI		05-01-0801 (V	I) Mrs. Flore	nce Try	ring, sam	e as	2 abov	e
18. CAUSE OF DEATH [Enter only			7 12 51 2 2020.		21-67		INTERVAL B	
PART 1. DEATH WAS CAUS	ED BY:	1 - 1 - 1 -	1.1.11 1:				ONSET AN	
IMMEDIATE C			librillation				7 m	1200
7-7-	DUE TO	Constructi	in 10	/-	6.00	6.00	12	12.3
Conditions, if any, which a	(0)	volunte	ve y exceo	LACICIZ	20		127	KIN
couse (o), stoting the under-	DUE TO							
lying couse lost.	(c)							
PART II. OTHER SIGNIFICAL	AL CONDITIONS	CONTRIBUTING TO DEATH BU	JI NOT RELATED TO THE TER	RMINAL DISEAS	SE CONDITION GIV	'EN IN PART 1	PERF	ORMED?
30- ACCIDENT WAS HAIDERIVING	I I I DEC	CRIDE HOW INTURY OCCURE	DED JE-1	'- 041 0-	10 -6 2 101		YES X	] NO []
PART II. OTHER SIGNIFICAL  20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF IF EITHER, NOTIFY MEDICAL EXAM	DEATH	CRIBE HOW INJURY OCCUR	CD. (Enter noture of injury I	in roll i or ro	ri ii or irem 16.)			
20c. TIME OF INJURY Month, D	While	NJURY OCCURRED 20e. I	PLACE OF INJURY (Home, for foctory, street, office bldg., o	orm, 20f. (Cit etc.)	y or town)	(Cou	unty)	(Stote)
21. I certify that I attende			7 1050 LE	e hruert	, 23 ,050	4	1	
alive on February 23								
alive on Col daly 2	192	29, and that deal	th occurred at 10:2					
ACTUAL	19 11	huth	11 0 21	•	Ireel, city or town,	stote)	0 0)	ATE SIGNED
ACTUAL SIGNATURE	3/. //	00000	M.D. U. S. N	aval Ho	pspital		2-24	22
PHYSICIAN'S R. G. MI	TH, LT,	MC, USN	Bethesda	a 14, 1	Maryland			
220. BURIAL, CREMATION, 22b. DATE		22c. NAME OF CEMETERY	OR CREMATORY	22d. LOCA	TION (City, town,	or county)	(Sto	ote)
REMOVAL (Specify) Burial	-59	New Mount Ba	ptist Church	Arı	ington		Virgin	
23. FUNERAL DIRECTOR'S SIGNATURE	ins (	ADDRESS 3015 -	10/014E 240 RE	C'D BY REGIS	TRAR 24b. REGI	STRAR'S SIGN	ATURE	
John T. Rhines & C	0., 901	3rd St., SWWa	sh.,DC DAFEE	B 2 6 '59	arth	ws S. Fr	Ann	

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AND RESIDENCE OF INC.		TOTAL SE			
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# ENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs ofter death. Page may be retained to the hospital or ottending physicion. O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 sho the registrar prior to burial, cremation, or removal, and in any event within 72 hours ofter death. may be retained TO FUNERAL DIREC

VS A15 (4) 15M 10/57 50

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2078 CERTIFICATE OF DEATH

Reg. Dist. No. 12053

1. PLACE OF DEATH 6. COUNTY Montgomery		MARYLAND	2. USUAL RESIDENCE ( o. STATE Virginia		Finstitution: Residence COUNTY Mherst	e before admission)
b. CITY OR TOWN (If outside corporel RURAL and give nearest lown)  Bethesda	e limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (	If outside corporate limits		ve nearest town)
d. NAME OF HOSPITAL (If not in hosp OR INSTITUTION			d. STREET ADDRESS		DX-3	e. IS RESIDENCE ON A FARM?
The Clinical Cen						YES NO
3. NAME OF DECEASED	First	Middle	Lasi	4. DATE OF	Month	Day Year
	euben	Pettice	Iseman	DEATH	February	26, 19 59
5. SEX 6. COLOR OR R	ACE 7. MARR	IED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (		YEAR IF UNDER 24 HRS.
Male White	WIDOWE		January 21.	191/1 /15	yrs. Manins L	Doys Haurs Min.
10a. USUAL OCCUPATION (Give kind of during most of working life, even if re	work done 10b.	KIND OF BUSINESS OR IND	USTRY 11. BIRTHPLACE (Sic	ate or fareign country)	12. CITI2	EN OF WHAT COUNTRY
Brakeman	enrea)	Railroad	774	rginia	255	U.S.A.
13. FATHER'S NAME		MALLE ON C	14. MOTHER'S MAIDEN			0.00.00.0
Link Iseman			Alice Sta	ples		
15. WAS DECEASED EVER IN U. S. ARMEE (Yes, no. or unknown) (If yes, give wor or do		SOCIAL SECURITY NO. 17.	INFORMANT The Me	dical Recor	d Address	
No	23		The Clinical			Maryland
18. CAUSE OF DEATH [Enter only of	ne cause per lir	ne for (o), (b), and (c).]				INTERVAL BETWEEN
PART I. DEATH WAS CAUSED IMMEDIATE CAU	BY: Lob	ar and Lobula	r Pneumonitis	3		LA Days
1000	E TO		21104111411241		THE PER	4 20,0
Canditions, if any, which	Mal	ignant Carcin	oid with wide	sarrand Mate	ctococ	Years
gave rise to immediate	(b) MALL	Ignatio Caroni	OTA WINI WILL	Spread neve	15 04365	Teals
lying couse lost.	JE 10					
	(c)	CALIFORNIAN C TO DELTA D	IT NOT DELL'ATED TO THE			L
PART II. OTHER SIGNIFICANT	CONDITIONS	ONTRIBUTING TO DEATH BE	IT NOT RELATED TO THE FER	MINAL DISEASE CONDIT	ION GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED? YES TO TO
PART II. OTHER SIGNIFICANT    20a. ACCIDENT WAS UNDERLYING   OR CONTRIBUTING   CAUSE OF DE   (IF EITHER, NOTIFY MEDICAL EXAMIN	ATH	CRIBE HOW INJURY OCCUR	ED. (Enter nature of injury i	in Part I ar Part II of item	18.)	
Hour a. m.	While	Not while	PLACE OF INJURY (Home, for actory, street, office bldg., o	erm, 20f. (City or town)	(Co	unty) (State)
	u wor	of work	00 70 0			
21. I certify that I attended	the decease	ed from February	23 , 19 59 , ta F	ebruary 26	19.52, that I la	ist saw the deceased
alive an February 26	, 19	9, and that deat	h occurred at 5:30	AM, from the co	uses and an the	date stated above
	n ex	o '. n		ADDRESS (Street, city of		DATE SIGNED
SIGNATURE SILVEN	13.0	walten	M.D. The Clin	ical Center		2-26-59
				Institutes		
PHYSICIAN'S NAME (Type) Eugene B.	Feigels	son, M. D.		14. Maryla		
220. BURIAL, CREMATION, 22b. DATE THE		22c. NAME OF CEMETERY	OR CREMATORY	22d. LOCATION (City	, town, or county)	(Stote)
241/	7	Amherst Cer	netery	Amherst	, Virginia	l.
23. FUNERAL DIRECTOR'S SIGNATURE Wm. Demaine & Sor	Funera	ADDRESS 1 Home, Alexa	ndria Va	C'D BY REGISTRAR 24	b. REGISTRAR'S SIGN	
71 75 ( )	2		Tay Tappale	ANT &		

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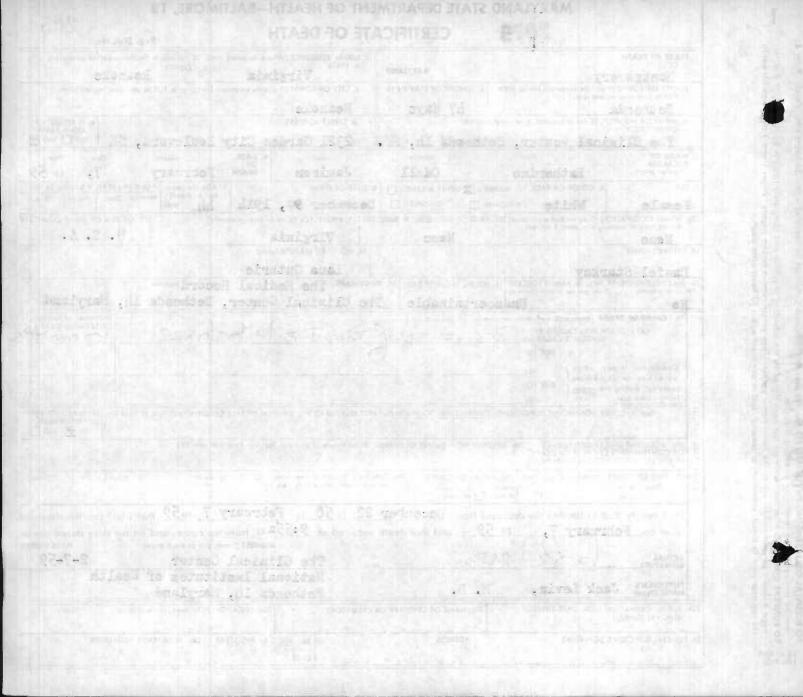
VS A15 (4) 1SM 9/SS

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CERTIFICATE OF DEATH

	9							Reg. Dist	. No.	
1. PLACE OF DEATH				11	USUAL RESIDENCE (Wh	ere deceased		n Residence	before admi	ission)
Mentgemer			MARYLAND		Virgi	nia	b. COUNTY	Rean	oke	
b. CITY OR TOWN (If our RURAL and give neare	tside corporate limits	, write	c. LENGTH OF STAY IN 18		c. CITY OR TOWN (If o	utside carpor	ate limits, write RU	RAL ond giv	ve nearest to	wn)
Bethesda	si lown)		47 days		Reanoke		83	X - 3		
d. NAME OF HOSPITAL			address)		d. STREET ADDRESS				ON	ESIDENCE A FARM?
The Climic					2321 Garde		r Bouleva	rd, S	P YES [	NO 🔀
3. NAME OF DECEASED (Type or print)	Katherin		Middle Odell		Jamis en	4. DATE OF DEATH	Februar		Doy 7.	Year 19 59
S. SEX 6.	COLOR OR RACE	7. MARRI	ED NEVER MARRIED	8. D	ATE OF BIRTH	1	9. AGE (In years		YEAR IF UNI	
Female	11111111111	WIDOWE		De		1914	lala yrs.	Months D	ays Haur	Min.
Oa. USUAL OCCUPATION ( during most of working	Give kind of work do	one 10b. K	CIND OF BUSINESS OR IN	DUSTRY	11. BIRTHPLACE (State	or fareign ca	untry)	12. CITIZ	EN OF WHA	AT COUNTRY?
Nene	,		None		Virginia	L		U	. S. A	
3. FATHER'S NAME				1	MOTHER'S MAIDEN N					
Daniel Starl		-			Laua Guth					
15. WAS DECEASEDEVER IN (Yes, no or unknown)   (If ye	U. S. ARMED FORCES, give wor or dates of services.	ESP 16. S	OCIAL SECURITY NO. 17	. INFO	RMANT The Med	lical I	Record Addre	35		
No		. 1	ertainable	The	Clinical C	enter,	Bethesd	a 14,	Maryl	and
18. CAUSE OF DEATH	WAS CAUSED BY: MEDIATE CAUSE (0)_	C	e for (o), (b), and (c).	PF	sweet ?	Neto	2980/2		INTERVAL E	
110X	DUE TO			O						
Conditions, if any,	ediote (									
cause (a), stating the										
lying cause last.	) (c)_									
PART II. OTHER		IIIONS <u>Co</u>	ONTRIBUTING TO DEATH B	UI NO	RELATED TO THE TERMIN	NAL DISEASE	CONDITION GIVE	V IN PART I	PFRF	ORMED?
PART II. OTHER  200. ACCIDENT WAS U OR CONTRIBUTING  (IF EITHER, NOTIFY MEE	NDERLYING [] CAUSE OF DEATH DICAL EXAMINER)	Ob. DESC	RIBE HOW INJURY OCCUR	RED. (E	nter noture of injury in P	ort 1 or Port	II of item 18.)			
20c. TIME OF INJURY Hour o. m.	Manth, Day, Year	20d. IN. While at work	_ Not while _	PLACE factory	OF INJURY (Hame, farm, street, office bldg., etc.)	20f. (City (	ar tawn)	(Co	unty)	(State)
				- 21	) . C8 TO	1	7 60			
			d fram Decembe	1, 5	19 DU, to Fe	SOL MAIL	1_1, 19.27	that I la	st saw the	deceased
alive on Febr	uary /	, 12_5	Z, and that dea	th oc	curred at 9:55					
ACTUAL	- 2/2 1	. OA	Ď.				eet, city or town, st	ote)		DATE SIGNED
SIGNATURE	CAC	Nec	m	_ M.D.			Center			7-59
PHYSICIAN'S Jac	k Levin,	1	4. D.		Nation: Bethese	The state of the s	titutes • Maryland		1th	
20. BURIAL, CREMATION, REMOVAL (Specify)	22b. DATE THEREOF		22c. NAME OF CEMETERY	OR CR			ON (City, town, ar		(Ste	ole)
Buncal	Feb. 9-59	11/1	Due Tule	Me	monalCon	. 6	vanal.	, -	V	a,
3. FUNERAL DIRECTOR'S SI		- (1)	ADDRESS M/a	51	Ava 240. REC'D	BY REGISTR	AR 24b. REGIST	RAR'S SIGN	ATURE	
Hordon L		n W	VINTON	- V	DATE	1 6 '59	arth	17 8. H	raus	



VS A15 (4) 15M 10/57

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ARYLAND	STATE	DEPARTMENT	OF HEALTH-BALTIMORE,	18
	Items	8.9 FilmG2	39 3-13-59 et	

CERTIFICATE OF DEATH

12055 Reg. Dist. No. 215

	2418	<u> </u>	CERTIFIC	AIL OI DEAII		Reg	. Dist. No	. 215
1. PLACE OF DEATH o. COUNTY Montgomer	v		MARYLAND	2. USUAL RESIDENCE (WI o. STATE District of	here deceased lived. If	institution: Re	esidence befo	ore admission)
b. CITY OR TOWN (	If outside corporate lim	its, wrile	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF o	outside corporate limits,	write RURAL	and give ne	arest town)
RURAL and give n Bethesda			2 days	Washington		//	17 V	3
d. NAME OF HOSPIT OR INSTITUTION	TAL (If not in hospital,	give street c	oddress)	d. STREET ADDRESS				e. IS RESIDENCE
	al Hospita	1		708 4th Str	eet, N.E.			ON A FARM? YES NO X
3. NAME OF DECEASED	Fi	rst	Middle	Lost	4. DATE	Month	De	by Year
(Type or print)	Albe	ert	Leon	JONES	DEATH F	ebruar	v r	5 19 59
5. SEX	6. COLOR OR RACE	7. MARRI	ED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (I	n years IF Ut	NDER 1 YEAR	IF UNDER 24 HRS.
Male	Negro	WIDOWE	D DIVORCED	7-7-80 189	0 6878	hdoy) Man	ths Days	Hours Min.
100. USUAL OCCUPATION	ON (Give kind of work	done 10b. I	CIND OF BUSINESS OR INC	OUSTRY 11. BIRTHPLACE (State		12	CITIZEN C	OF WHAT COUNTR'
Guard	king life, even if retired	)	S.Government		ngton, D. C		U.S.A	
13. FATHER'S NAME				14. MOTHER'S MAIDEN N	NAME			
Unknown				Sahrah TUI	T			
15. WAS DECEASED EVE	R IN U. S. ARMED FOR	CES? 16. 5	SOCIAL SECURITY NO. 17.	. INFORMANT		Address		
Yes	(If yes, give war or dates of s	ervice) 5	77-16-0730 (	(W) Mrs. Gladys	Jones, sa	me as	#2 abo	ove
PART I. DEA  LACO  Conditions, if a gave rise to i cause (a), stating lying cause lost.	mmediate the under-		enterio	-sc l'vote	Nuccus.	tun	ON	SET AND DEATH
PART II. OTH	HER SIGNIFICANT CON		ONTRIBUTING TO DEATH BE	UT NOT RELATED TO THE TERMI	NAL DISEASE CONDITI	ON GIVEN IN	I PART 1(o)	19. WAS AUTOPSY
	AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY OCCUR	RED. (Enter nature of injury in f	Part I or Port II of item	18.)		PERFORMED? YES NO
20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Day, Yes	ar 20d, IN While at wark	JURY OCCURRED 20e. Not while at work	PLACE OF INJURY (Home, form factory, street, affice bldg., etc.	20f. (City or town)		(County)	YES NO (State)
Y 20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Day, Yes	ar 20d. IN While of work decease, 1950	d from February	PLACE OF INJURY (Home, form foctory, street, affice bldg., etc. 7.3., 1959., ta Fe th accurred at 12:30	20f. (City or town)	19_52,tha uses and c r tawn, state) 1, NNM	at I last so	(State)

STREET, OF STREET, STR ACT TO SEE PROPERTY AND A SECTION OF E.O.L. DOCTOR . . . . . . . . COMPANY OF STREET 

ral director,	be filed with
filled in by the	ges 1 and 2 shown
and campletely	rbon papers. Pager fer death.
ttending physiciar	please remave co
on. signed by the a	sit permit. Then nd in any event v
ittending physicic tificate has been	s the burial-trans n, or remaval, a
he haspital or attending physician.  Received the After this certificate has been signed by the attending physician and campletely filled in by the firector.	e detached far use as the burial-transit permit. Then please remave garbon papers. Pages 1 and 2 shows be filed with r to burial, crematian, or remaval, and in any event within 72 haurs after death.
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ŀ	1. PLACE C	F DEATH		081	CLKIII		TE OF DEAT				ist. No	0205
	a COUN		ery		MARYL		2. USUAL RESIDENCE (W	there deceased	b. COUNTY		nce before tg om	
	RURA	and give ned	(Rural)		ength of stay in 10 yrs		c. CITY OR TOWN (IF		ate limits, write R Rure1)	URAL and	give ne	arest town)
	d. NAMI OR IN	E OF HOSPITA	AL (If not in hospital, (	give street addre	155)		d. STREET ADDRESS					e. IS RESIDE
	3. NAME C DECEASI (Type or	D	Charle	rst S	Middle		Jones	4. DATE OF DEATH	Febru		Do	
	5. SEX		6. COLOR OR RACE Colored	WIDOWED [	DIVORCED		June 12,	1872	9. AGE (In years last birthday)		R 1 YEAR Days	IF UNDER 2
	10a. USUAL during	occupation most of working Labor	N (Give kind of working life, even if retired 1"	done 10b. KIND	OF BUSINESS OR	INDUSTR	Y 11. BIRTHPLACE (State	or foreign co	untry? 73	12. CI	TIZEN C	S. A.
	13. FATHER		rnelius J	ones			14. MOTHER'S MAIDEN	Casse]	11			
1	IS. WAS DE	CEASED EVER	IN U. S. ARMED FOR f yes, give war or dates of s	RCES? 16. SOCI	AL SECURITY NO.		ormant aura Howard	: B:	Addrookevil]		d. R	. F. I
	21.1	L2X	H WAS CAUSED BY: IMMEDIATE CAUSE (c	He	(a), (b), and (c).]						ONS	ET AND DE
	Cond gove cause lying	42X itions, if an rise to im (a), stating the cause lost.	DUE TO  y, which the under-  DUE TO  DUE TO  DUE TO  (b)	Arte	rioscle	erot	ic Cardio				ONS	ET AND DE
	Cond gove cause lying	42 X itions, if an rise to im (a), stating the course lost.  PART II. OTHE Tingui	DUE TO  y, which mediate he under (c)  ER SIGNIFICANT CON  nal Hern	Arte	emmiples	H BUT NO	OT RELATED TO THE TERM	IINAL DISEASE	CONDITION GIV		ONS	9. WAS AUT
	Cond gove cause lying	42 X itions, if an rise to im (a), stating the course lost.  PART II. OTHE Tingui	DUE TO  y, which mediate he under to construct the construction of	Arte	emmiples	H BUT NO		IINAL DISEASE	CONDITION GIV		ONS	P. WAS AUT PERFORM YES N
	Cond gove lying VOI VOI VOI VOI VOI VOI VOI VOI VOI VOI	42 X itions, if an rise to im (a), stating the course lost.  PART II. OTHE Tingui	DUE TO  y, which mediate the under  R SIGNIFICANT CON  MAL HEED  CAUSE OF DEATH VEDICAL EXAMINER)	Arte  Dillions CONTI	emmiples rioscle RIBUTING TO DEAT HOW INJURY OCC	H BUT NO	OT RELATED TO THE TERM	Part I or Port	CONDITION GIV	EN IN PAR	ONS	9. WAS AU PERFORN
	Cond gove cause lying NO IV OR CO (IF EITH 20c. TIM H	itions, if an rise to im (a), stating til (a), stating til (a), stating til (b), stating til (c) to the til (c)	DUE TO  y, which mediate he under  R SIGNIFICANT CON  DAL HEP  UNDERLYING  I CAUSE OF DEATH AEDICAL EXAMINER)  Month, Day, Ye  19	Arte  Arte  Dipitions continue  20b. DESCRIBE  Or 20d. INJURY  While of work  deceased fr  19.59	emmiples rioscle  RIBUTING TO DEAT  HOW INJURY OCC  OCCURRED Not while of work	H BUT NO	Enter nature of injury in E OF INJURY (Home, forry, street, office bldg., etc., 55, to_F	Part I or Port  1. 20f. (City  2. 8  P.M. fram  ADDRESS (Str.	CONDITION GIV  If of item 18.)  or town)  159  the causes a eet, city or town,	() ,that I nd an t	County)  County)  Last so he day	9. WAS AU PERFORN YES 1

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	€ #	N. William St.	

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 2082 TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRE DR. After this certificate has been signed by the attending physician and completely filled in by the real director, page 3 shauld be defacted for use as the burial-transit permit. Then please remove carbon pagers. Pages 1 and 2 shall be filled with the registrar prior to burial, cremation, ar removal, and in any event within 72 hours after death. M

CERTIFICATE	OF	DEATH
CEKINIGAIE	<b>U</b> .	PEAIII

Reg. Dist. No.

 	1	12	()	5	7

) 1.	a. COUNTY Montgomer	y		MARY	LAND	2. USUAL RESIDENCE ( Q. STATE West Virgi		b. COUNTY		nce before	odmiss	ion)
	b. CITY OR TOWN ( RURAL ond give n Bethesda	If outside corporate limit earest town)		ogth of stay	IN 1b	c. CITY OR TOWN (	If outside corp	prote limits, write l	RURAL ond	give near	est town	. 3
	d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, gi	ve street oddress	)		d. STREET ADDRESS						FARM?
	The Clini	cal Center,	Bethese	da 14, 1	Md.	214 Warwoo	od Aven	ue			YES 🗌	NO 🖸
3.	NAME OF DECEASED (Type or print)	Theodor		Allen		Kavrakis	4. DATE OF DEATH	Febru		Doy		Year 19 59
5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIE	D 3 8	DATE OF BIRTH		9. AGE (In years	IF UNDER	TYEAR	F UNDE	
	Male	White	WIDOWED [	DIVORCE	-	October 15	1956	last birthday) 2 yrs.	Months	Days	Hours	Min.
10	during most of wor	ON (Give kind of work d king life, even if retired)	None		R INDUST	West V:		**		S.		COUNTRY
13	. FATHER'S NAME					14. MOTHER'S MAIDE	N NAME					
	Theodore	Kavrakis				Shirley 1	Harwatt					
	. WAS DECEASED EVE	R IN U. S. ARMED FORC		SECURITY NO.	. 17. IN	ORMANT The Me	edical	Record Add	Iress		30	
1,	No	(if yes, give war or dates of se	None	9	The	Clinical (	Center,	Bethesda	14.	Mary	lan	d
CERTIFICATION	Conditions, if of gave rise to it cause (o), stolling lying cause lost.  Part II. OTI	the under DUE TO  (c)  HER SIGNIFICANT COND	DITIONS <u>CO</u> NTRIE						VEN IN PAR		PERFO	AUTOPSY DRMED?
		AS UNDERLYING  G CAUSE OF DEATH MEDICAL EXAMINER)	206. DESCRIBE H	OW INJURY OF	CCURRED.	(Enter nature of injury	in Port I or Pa	rt II of item 1B.)				
MEDICAL	20c. TIME OF INJUR Hour a. m. p. m.	RY Month, Doy, Yeo		ot while	20e. PLAC facto	E OF INJURY IHome, for try, street, office bldg.,	etc.)	y or town)	(1	County)		(Stote)
	actual signature Physician's NAME (Type)	James M. Ma	1959 Parsh, M.	D.	death of	The Clin The Nation Bethesda	AM, fro ADDRESS (Sical Ce onal In 11, Ma 12d, LOCA	itreet, city or town, inter stitutes ryland TION (City, town,	of He	he date	2-15 1	ate signer
B	ufuTYans	It 2/16/59	μMt	. Calva	ry		Whee	eling, W	Vir	ginia	1	
	PUNERAL DIRECTOR CODERT A.	's signature Pumphrey-		odress da, Mar	ylan	1	FER 1 8 1		STRAR'S SI			

VS A15 (4) 1SM 9/SS

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	The Sand Parker, No.		
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To Williams		veryla 1.14	lo/81/2 diener mi
		rthoude, Marylan	Hogor A. Pumphrey-B.

AJTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2083	CERTIFICA	ATE OF DEATH	Reg.	12058 Dist. No.
n. PLACE OF DEATH o. COUNTY  Montgomery	MARYLAND	2. USUAL RESIDENCE (When o. STATE  Maryla	e deceased lived. If institution, Resta b. COUNTY	enterment
b. CITY OR TOWN (If outside corporale limits, write RURAL and give nearest town)  Bethesda	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If out	Iside corporate limits, write RURAL an	
d. NAME OF HOSPITAL (If not in hospitol, give street or institution  Suburban Hospital	oddress)	d. STREET ADDRESS	Woodhollow Dri	ve YES NO 3
NAME OF DECEASED (Type or print) Mary -	Eile luz	Kay	4. DATE Month OF DEATH Februar	Doy Yeor Y 11 19 59
Female Whitewidow		3. DATE OF BIRTY Jan. 13, 18	98 6/ yrs. 0	Days Hours Min.
	1.5. Gov 4	Louisiana	2, U.S.	U, S,
Cullem W. Kav		Emily N		
(es, no, or unknown)  Yes  WW 1  [It yes, give wor or dates of service]		n. P. Weber-	Address 346 Luhman, Mi	lford, N. J
18. CAUSE OF DEATH [Enter only one couse per I PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)		de Cerebellon	himiszhere	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, which gove rise to immediate couse (o), stoting the under-lying couse lost.	n tenseles	0515		
PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH 8U'	NOT RELATED TO THE TERMIN	al disease condition given in P	ART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in Po	rt t or Port II of item 18.)	
Hour o.m. While	1 1.	ACE OF INJURY (Home, form, ctory, street, office bldg., etc.)	20f. (City or town)	(County) (State)
ACTUAL SIGNATURE SIGNATURE SIGNATURE	remember to	accurred of 7 FA	M, fram the causes and an DDRESS (Street, city or toyon, stote)	the date stated above DATE SIGN
20. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY C		22d. LOCATION (City, town, ar count	y) (State)
Cremation 2/13/59  Funeral Director's Signature	ADDRESS	1 Crematory 240. REC'D	Suitland, M. BY REGISTRAR 246. REGISTRAR'S	
Robert A. Pumphrey H	Bethesda, Ma	ryland DATE FEE	3 1 6 '59 arthur	S. Kraus

VS A15 (4) 15M 9/55

TO HOSPITAL OR

		CENTRICATE OF	2005	
	West Committee of the State of		* 1	Abstant of
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

# HID EXPROENACIBLE SENSE SENSE THE RESIDENCE OF STREET STREET, STREET

VS A15 (4) 15M 10/57 M

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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2085 CERTIFICATE OF DEATH

	700	U		Kaā	DIST. NO. ZI
1. PLACE OF DEATH  o. COUNTY  Montgomer	1	MARYLAND	2. USUAL RESIDENCE (WE o. STATE	here deceased lived. If institution: Res Columbia	sidence before admission)
b. CITY OR TOWN (	If outside corporate limits, write	c. LENGTH OF STAY IN 15	c. CITY OR TOWN (If o	outside corporate limits, write RURAL o	and give nearest town)
Bethesda	(Rural)	80 days	Washington	1100.	. 3
d. NAME OF HOSPI	TAL (If not in hospital, give street		d. STREET ADDRESS	FIA.	e. IS RESIDENCE
OR INSTITUTION	ral Hospital		1293 Brenty	wood Rd. N.E A	pt 2D YES NO THE
3. NAME OF	First	Middle	Lost	4. DATE Month	Day Year
(Type or print)	Fred	Colburn	KELLY	DEATH Februar	- 0
5. SEX		RRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years IF UN	NDER I YEAR IF UNDER 24 HRS.
Male	Caucasian WIDO	WED DIVORCED	4-23-95	lost birthdoy) Mont	ths Days Hours Min.
10a. USUAL OCCUPATI		b. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote	or foreign country) 12	. CITIZEN OF WHAT COUNTRY
Painter		Contractor	Michia	ran	U.S.A.
13. FATHER'S NAME			14. MOTHER'S MAIDEN		
Charles	KETLY		Julia Bel	ll LEE	
		6. SOCIAL SECURITY NO. 17.	INFORMANT	Address	
Yes	WWI	578-32-6528 (1	W) Patrice Kel	lly, same as #2 a	bove
PART I. DE,  / 4 / 1, 9.  Conditions, if a gove rise to a couse (a), stoting lying couse lost.	immediate DUE TO (c)	Metastatic, Ca Primary aciens	NOT RELATED TO THE TERM	INAL DISEASE CONDITION GIVEN IN	INTERVAL BETWEEN ONSET AND DEATH
ZOO. ACCIDENT W		ESCRIBE HOW INJURY OCCURRI			PERFORMED? YES NO
(IF EITHER, NOTIFY  20c. TIME OF INJUI  Hour o. m. p. m.	( MEDICAL EXAMINER)  RY Month, Day, Year 20d. While		ACE OF INJURY (Home, form ictory, street, office bldg., etc	, 20f. (City or town)	(County) (State)
21. I certify it alive an Fet Actual SIGNATURE PHYSICIAN'S NAME (Type)	- 0	oy .	accurred at 4:151	P.M. from the causes and a ADDRESS (Street, city or town, stote) aval Hospital, NN	on the date stated above
220. BURIAL, CREMATIC		22c. NAME OF CEMETERY C	OR CREMATORY	22d. LOCATION (City, town, or cour	nty) (Stote)
REMOVAL (Specify)	2-24-59	Arlington 1	National	Arlington	Virginia
23. FUNERAL DIRECTOR	S SIGNATURE	& ADDRESS Wer		D BY REGISTRAR 24b. REGISTRAR	S SIGNATURE
W.W.Chamber	cs. 1400 Chapin	st. NW. Wash.	D.C. DATE FE	B 2 4 '59	9 40

STADE TO STADE THE Landon market many that his comment is a first of the comment of t THE RESIDENCE PROPERTY OF A PROPERTY OF A PERSONNELLE.

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2020

### CERTIFICATE OF DEATH

02061

	61	0.0							Keg. D	1\$1. No.		
1. PLACE OF DEATH				- 1	2. USUAL RESIDE	NCE (Whe	ere deceosed I	ived. If institu		nce before	odmissio	on)
3.0	ntgomery		MAR	YLAND	00.40	ryla	nd	B. COUNT		gome	ry	
b. CITY OR TOWN RURAL and give	(If outside corporate lim	its, write	c. LENGTH OF STAT	(IN 16	E. CITY OR TO	WN (If ou	itside corporo	te limits, write	RURAL and	give neare	st town)	
	evy Chase				× ch	evv	Chase					
	PITAL (If not in hospital,	give street (	oddress)		d. STREET AD			THE PERSON		e.	IS RESI	DENCE FARM?
41	02 Oliver	Str	eet		41	02 0	liver	Stree	et		YES 🗌	NO 📆
3. NAME OF DECEASED (Type or print)		rst T.TAM	Middl		Lost	T 37	4. DATE OF DEATH		onth	Day		eor
5. SEX	6. COLOR OR RACE	the same of the same	IED WEVER MARR		DATE OF BIRTH				_	R 1 YEAR IF		9 <b>59</b>
5. 5EA								AGE (In year last birthdoy)			Hours	Min.
Male	White	WIDOWE			7-3-16			42 yr				
during most of wo	NON (Give kind of work orking life, even if retired	done 10b.	KIND OF BUSINESS	OR INDUSTI	RY 11. BIRTHPLA	CE (Stote o	of foreign cou	ntry)	. 12. CI	TIZEN OF	WHAT (	COUNTRY?
	ANNALIST	U	S. Gov	1 5.	Was	hing	ton,	D. C.		U.S.	A.	
13. FATHER'S NAME					14. MOTHER'S A	AAIDEN N	AME					
JOHN	T. KENEA	T.Y			CAT	HERT	NE S.	COLL	INS			
	VER IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO	). 17. INF	ORMANT			Ad	Idress "	* ****		
Va -	(If yes, give wor or dotes of World War	- h	7846268	37 1	ARY AL	TCE	KENEA	T.V S	Same	88 11	DII	
IB. CAUSE OF D	EATH   Enter only one co		ne for (o). (b), and (c)		AII AII	1011	ALL MILES		754.140		AL BET	WEEN
	EATH WAS CAUSED BY:		moton	toto	. 00 -	1010	1771	0 2		ONSET	AND	DEATH
1/2/	IMMEDIATE CAUSE (		The au	acce	J. Can	con	00/10			-	0/	40S.
1600,1	DUE TO	1.	2-1-6	200.	10		1			,	21	100
Conditions, if		) /	gro nou	gen	co ca	ra	non	ru			01	105.
gove rise to												
lying couse lost	1.	:)(:										
PART II. O	THER SIGNIFICANT CON	DITIONS	ONTRIBUTING TO DI	EATH BUT N	OT RELATED TO T	HE TERMIN	NAL DISEASE	CONDITION G	IVEN IN PAR	RT 1(o) 19.	WAS A	UTOPSY
PART II. O	NONE										ES 🗌	
20g. ACCIDENT V	VAS UNDERLYING	20b. DESC	CRIBE HOW INJURY	OCCURRED.	(Enter nature of i	injury in P	ort I or Part II	of item 18.)				
OR CONTRIBUTION (IF EITHER, NOTIF	Y MEDICAL EXAMINER)											
ZOc. TIME OF INJU	JRY Month, Doy, Ye	ar 20d. It	NJURY OCCURRED	20e. PLAC	E OF INJURY (He	ome, farm,	20f. (City o	r town)		County)		(Stote)
Hour D. m	10	While of world	Not while	facto	ry, street, office b	oldg., etc.)				,,,		
			M	10 1	- CC		70	11 -	-0			
21. I certify	that I attended the	decease	and the same of th	th, /	19 20,	ta	EO, 1	1, 195	Z,that I	last saw	the c	deceased
alive an	FEB, 11	, 19	27_, and tha	t death o	accurred at	0:301	M, fram	the causes	and an t	he date	state	d above.
	(1,0)	31	00 1			A	DDRESS (Stre	et, city or town	n, stote)		DA	TE SIGNED
ACTUAL SIGNATURE	John	N,	Juone	1_ M.	D. 772	10 h	ISCOM	VSIN ,	AUE.		2/	11/59
/			0									7
PHYSICIAN'S NAME (Type)	JOHN H.	THOH	Y. M.D.	7720	Wiscon	sin	Ave.	Bethe	ada.	Marv	lan	d.
220. BURIAL, CREMATI	ION, 226. DATE THERE		22c. NAME OF CEA					ON (City, town,			(Stote)	
REMOVAL (Specif	2-14-5	_	Mt. O								(31016)	
23. FUNERAL DIRECTO		too lit	ADDRESS Wa	Live!			BY REGISTRA	hingt	SISTRAR'S SI	GNATURE		
		S 38				F	EB 1 6 '5	0	-			
FRANCIS		00	MT TAPITO	DUOL	O WO O	DATE		0 (	7-11	04		

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the page 3 shauld be detached far use as the burial-transit permit. Then please permane carban papers. Pages 1 and 2 shifthe registrar prior to burial, cremation, ar remanal, and in any event within/22 haurs after death. VS A1S (4) 1SM 9/SS

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		AND BUILDING
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MARIENIO STATE DEL ARIMENTO OF HEALTH—DALIMORE, TO	MARYLAND	STATE	DEPARTMENT	OF	HEALTH-BALTIMORE,	18
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**CERTIFICATE OF DEATH** 

2087

2001	OEIXIII 10/	ALE OF DEATH	Reg. Dist. h	No.
PLACE OF DEATH a. COUNTY Hont Romees	MARYLAND	2. USUAL RESIDENCE (Where decease a. STATE Marisland	ed lived. If institution: Residence be b. COUNTY Montagne n	
b. CITY OR TOWN (If outside corporate limits, write c. RURAL and give nearest town)  Bethesda	LENGTH OF STAY IN 16 6 29 days	c. CITY OF TOWN (If autside corp.	orate limits, write RURAL and give	nearest tawn)
d. NAME OF HOSPITAL (If not in hospital, give street odd) OR INSTITUTION Tresmore 5/2/ Orosuenor Lane	Be thesday	d. STREET ADDRESS Wils.	on Lone	e. IS RESIDENCE ON A FARM? YES NO
NAME OF DECEASED (Type or print) CARLOTA	DA COSTA	KENNEDY 4. DATE OF DEATH	FEB.	Doy Year 12 19 5 9
Female 6. COLOR OR RACE 7. MARRIED WIDOWED	NEVER MARRIED	8. DATE OF BIRTH / June 24, 1869	9. AGE (In years last birthday) 8 9 yrs.   IF UNDER 1 YE	
a. USUAL OCCUPATION (Give kind of wark done during most of warking life, even if retired)  House wite	D OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State or foreign of Washington	country) 12. CITIZEN	OF WHAT COUNTRY
FATHER'S NAME		14. MOTHER'S MAIDEN NAME	P.	
WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOC (If yes, give wor or dates of service)	CIAL SECURITY NO. 17.	NFORMANT LOACE DOWN	Address  (a 5616 leli/son	Lane Ber
Conditions, if any, which gave rise to immediate cause (a), stating the under-lying cause lost.  PART II. OTHER SIGNIFICANT CONDITIONS CON				
PART II. OTHER SIGNIFICANT CONDITIONS CON	TRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEAS	SE CONDITION GIVEN IN PART 1(a	19. WAS AUTOPSY PERFORMED? YES NO
	E HOW INJURY OCCURRE	D. (Enter nature of injury in Part I or Pa	rt II of item 18.)	
20c. TIME OF INJURY Month, Day, Year 20d. INJU While at work	Not while fo	ACE OF INJURY (Home, farm, 20f. (Cit ctory, street, office bldg., etc.)	y or tawn) (Coun	ty) (State)
21. I certify that I attended the deceased alive an FEB. 12., 19.57  ACTUAL SIGNATURE SIGNATURE		accurred at 9:45 A.M. fra	m the causes and an the officet, city or tawn, state)	saw the deceased above pate signer MD 2/11
PHYSICIAN'S Leo M. Cara	etis:	8218 Wiseons	N AVE, Beth	esda Md.
cremation 2/14/59	Fort Linco	in Crematory P	TION (City, town, or county) PINCE Georges	County
FUNERAL DIRECTOR'S SIGNATURE .	ADDRESS TR	240 REC D.BY REGIS	TRAR 24b. REGISTRAR'S SIGNAL CATHUM & Flace	

HTASO REPSTANSIANED SERVICES TO SERVICE THE PROPERTY OF THE PROPER

TO HOSPITAL OR

VS A15 (4) 15M 9/55

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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2020 **CERTIFICATE OF DEATH** 

	6000				Keg. Dist.	No.
	PLACE OF DEATH  . COUNTY	MARYLAND	2. USUAL RESIDENCE (WE	nere deceased lived. If institu b. COUNT		pefore admission)
	Montgomery	MAKIDAND	Marvla	nd	Monta	omerm
8	c. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest tawn)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF o	outside corporate limits, write	RURAL and give	nearest town)
	Bethesda	37 Hrs.	56 Silver	Spring		
1	J. NAME OF HOSPITAL (If not in haspital, give street OR INSTITUTION		d. STREET ADDRESS	- Uprating		e. IS RESIDENCE ON A FARM?
	Suburban		2305 Church	- AND STATE OF THE		YES NO
- (	NAME OF First DECEASED Type or print) Bertha	Middle R. K	etav	4. DATE M	onth	Day Year
5. 5			B. DATE OF BIRTH	9. AGE (In year	IF UNDER 1 Y	EAR IF UNDER 24 HRS.
	White Female WIDOWE		010/an	lost birthdoy	Months Do	ys Hours Min.
10a	USUAL OCCUPATION (Give kind of work done 10b.	KIND OF BUSINESS OR INDUS				N OF WHAT COUNTRY?
	during most of working life, even if retired) None	ace ac well	Polan		12. 011.20	U.S.A
13.	FATHER'S NAME	occurrence of the	14. MOTHER'S MAIDEN N			G.O.A
	Milton Sand			M arian (Unk	nown)	
15.	WAS DECEASED EVER UN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. II	NFORMANT	Ac	ddress /	1 - 0 0 1
[Yes	no. or unknown) ///yes, give wor or dates of service) 5	77-32-6884 A	Son Mr. To		chanch	my King
	18. CAUSE OF DEATH [Enter only one cause per lin	ne for (o), (b), and (c).]				NTERVAL BETWEEN
. 7	PART I. DEATH WAS CAUSED BY:	Carola of the	- have			DNSET AND DEATH
	IMMEDIATE CAUSE (o)	securial an	com vosia			1 rours
	DUE TO	0 2 1 7	. 0 .			Λ
	Conditions, if any, which ) (h)	retral astera	modernis.			Mensan
	gove tite to immediate	the court of the court	y s - w sy pr to			00.40.000
	couse (o), stoting the under-					
	lying couse lost.					
Z	PART II. OTHER SIGNIFICANT CONDITIONS C	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION C	IVEN IN PART 1	) 19. WAS AUTOPSY
CATI	Abdominal assites	- cause impor	wun			PERFORMED? YES NO 1
CERTIFICATION	200. ACCIDENT WAS UNDERLYING 20b. DESC OR CONTRIBUTING 2 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in t	Port I or Port II of item 18.)		
AL			1.C. C. C. M. W. W. W	Loor ver		
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. If While p. m. 19	Not while for	ACE OF INJURY (Home, farm clory, street, office bldg., etc	n,   20f. (City or town)	(Caur	nty) (Stote)
~		1/. 0	1 (7) 8	-7/ -1/	-3	
	21. I certify that I attended the decease	ed fram. //www.huc	6, 1958, to F	Ebwary 26, 195	L., that I las	t saw the deceased
	alive on February 26 , 195	T, and that death	accurred at 7:15A	_M, from the causes	and an the	date stated above.
			" 11	ADDRESS (Street, city or tow	n, stole)	DATE SIGNED
	SIGNATURE Caren H.	raum	40 8237 CAPON	Ma AIR Silver	Dring 1	41 Folh 26 19
	SIGNATURE		m.v. 2021-1-9/2013	111111111111111111111111111111111111111	- Harried - t-	.19
	PHYSICIAN'S NAME (Type)					
220	BURIAL CREMATION, 22b. DATE THEREOF REMOVAL (Specify) 27-1959	22c. NAME OF CEMETERY OF	CREMATORY L. B.	22d. LOCATION (City, town	, or county)	f (Stote)
22	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	The Lea	eer oute	7	
25.	Land Street Tung of Ton	2 4279 9 SF1	7 100 8 C 240. REC'		GISTRAR'S SIGNA	NIUKE
	Man and James The	72117	DATMAR	2 '59 a	thur S. The	WA.

this state of participal of paying the second of the second second second second second second second second second of Mall are all the world all west, W. No. Co., To be pages at all the first of the 27.0

2. USUAL RESIDENCE (Where deceased

**CERTIFICATE OF DEATH** 

MARYLAND

IMORE, 1	8		112	064
	Reg. D	ist. No		
ived. If institution b. COUNTY			me ry	on)
te limits, write RI				
е				
rmantov	'n		e. IS RESI ON A YES	FARM2_
Feb		De	,	•ог 59
AGE (In years last birthday)	-	RIYEAR	IF UNDE	A
lost birthdoy) 62 yrs.	Months	Doys	Hours	Min.
ntry)	12. CI	TIZEN C	OF WHAT	COUNTRY

Montgomery Maryland b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporo RURAL and give nearest town) Cedar Grov Cedar Grove d. NAME OF HOSPITAL (If not in hospital, give street oddress)
OR INSTITUTION. STREET ADDRESS RFD Germantown RFD NAME OF DECEASED 4. DATE First Middle Last OF DEATH Matilda (Type or print) Jessie King 6. COLOR OR RACE 7. MARRIED W NEVER MARRIED 5. SEX 8. DATE OF BIRTH WIDOWED [ DIVORCED | Female 16.1896 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign cou during most of working life, even if retired) Housewife Brooklyn. N.Y. Own home USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William King Lillian Burke 16. SOCIAL SECURITY NO. 17 INFORMANT Address Mr. Lee M. King, RFD 1, Germantown, Md. No INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: **DUE TO** Conditions, if ony, which gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19. WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) MEDICAL 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20c, TIME OF INJURY Doy. Year 20d. INJURY OCCURRED (County) (Stote) factory, street, office bldg., etc. Hour o. m While Not white of work of work 21. I certify that I attended the deceased from.

James P. Kerr

Feb.10.1959

22b. DATE THEREOF

2089

\_\_\_\_, 1977\_, that I last saw the deceased 9:30%, from the causes and on the date stated above. and that death occurred at\_ DATE SIGNED ADDRESS (Street, city-or town, state) ACTUAL

Damascus,

22d, LOCATION (City, town, or county) Cedar Grove. Md

Salem Methodist ADDRESS 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

23. FUNERAL DIRECTOR'S SIGNATURE

NAME (Type)

220. BURIAL, CREMATION,

Burial

Damascus, Md.

22c. NAME OF CEMETERY OR CREMATORY

DATE

TO FUNERAL bode VS A15 (4) 15M 9/55

certificate

with

filed

pe

P.O

E

puo

hours after physician

. PLACE OF DEATH

o. COUNTY

Page director

hours after death.

the registrar

0

prior Per DIRE 3 should

## FOR STATE HEALTH DEPT. TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If any delay is necessary, please execute the certificitie, writing the word "pending" in pendi in them, 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be for writing the word "manier's Office along with form PM3. Page 5 may be retained for files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board Health, or its designated agent, prior to burial, cremation, or removal, and in any ment within 72 hours after death.

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VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No. 2(165)

~ V 3/41	
1. PLACE OF DEATH O. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
Maryland Maryland	o. STATE mel b. COUNTY months
b. CITY OR TOWN (II outside cerporal lines, write RURAL c. LENGTH OF STAY IN 16 and give perfect town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give recrest town)
Barnesvelle DO.A.	X Comus
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS  e. IS RESIDENT ON A FARM
mel 13-109	YES NO
3. NAME OF DECEASED First Middle	Kilosina A. DATE Month Doy Yeor
(Type or print) / homas Russell	DEATH 726-8 1957
	DATE OF BIRTH  9. AGE (In years   IF UNDER 1YEAR   IF UNDER 24 H  Months   Days   Hours   Min.
Male white WIDOWED DIVORCED	4-4-33 H
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUST during most of working life, even if retired)	RY 1. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNT
Clerk anti parti	md
13. FATHER'S DIAME	14. MOTHER'S MAIDEN NAME
Kussell Kingle Kunk	Haly Morningster
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 11. SOCIAL SECURITY NO. 17. W	NFORMANT
7CS- US MODES 1414-36-35/9/	Tussell Kinner, Comus mo
18. CAUSE OF DEATH [Enter only one cause per fine for (o), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:   Core bree her	ortrage
823X DUE TO	Duddue
Conditions, if ony, which) (b) specture of	skull
gove rise to immediate cause (a), stating the underlying DUE TO	
coure fost. (c) Multiple	regards, extreme
PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT IN	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPS PERFORMED?
	YES NO
206. EXTERNAL CAUSE WAS PRIMARY SO OF CONTRIBUTING CONTRIBUTION CONTRI	inter nature of injury in Part I or Part II of item 18.)
	in car which left highway
20c. TIME OF INJURY Month, Day, Year 20d. NJURY OCCURRED 20e. PLAN While Not while of work of	CE OF INJURY (Home, form, 20f. (City or town) (County) (State pry, street, office bldg., etc.)
3. p.m. 2-8 1957 of work of work	ighney Barnesorth monty My
21. I certify that I taak charge of the remains described abo	ye, held In Autapsy, Inspection X, Inquiry X, and in n
opinian death resulted fram: Notural causes . Accident	N. Suicide , Hamicide , Undetermined manner
1 1	
SIGNATURE Trank & Province	_M.D. CHIEF MEDICAL EXAMINER
EXAMINER'S ELACUTE	ASSISTANT MEDICAL EXAMINER []
NAME (Type) TRAKK J. ISTOSCHELT	DEPUTY MEDICAL EXAMINER
220. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR	CREMATORY 22d. LOCATION (City, town, or county) (Slote)
Burico 211/154 Monocae	y Bullsville ma
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	246. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
Willeau B. Holley Barness	ille Mybart EB 1 1'59 Chilling S. Thaus.

VS A15 (4) 15M 10/57

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eral director,	n papers. Pages I and 2 shoold be filed with	(
by to	2 shoold	
filled in t	iges   and	
campletely	papers. Po	oth.
O	=	10ap

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2091 **CERTIFICATE OF DEATH** 

02066 Reg. Dist. No.

1. PLACE OF DEATH  o. COUNTY  MONTGOMERY				MARYLAND	O. STATE	SIDENCE (W		ed lived. If insti b. COUN	ITY		re admis	sion)
b. CITY OR TOWN ( RURAL ond give n	If outside corporate limeorest town)	its, write		TH OF STAY IN 16				orote limits, writ	NTGOM e RURAL ond		arest fow	n)
OLNEY				DAYS	X	DERWOO	D					
OR INSTITUTION	TAL (If not in hospital,	give street	oddress)		d. STREET	ADDRESS					e. IS RE	SIDENCE A FARM?
MONTGOMERY	COUNTY GEN	ERAL	Hosp	ITAL. INC								NO
3. NAME OF DECEASED	Fi	rst		Middle	L	ost	4. DATE	N	Nonth	Do	DY .	Yeor
(Type or print)	Mi	RTLE		JANE	Kı	SNER	DEATH	F	BRUAR		_	19 59
5. SEX	6. COLOR OR RACE	7. MAR	RIED N	EVER MARRIED	B. DATE OF BIR	RTH	-	9. AGE (In year	rs IF UNDE			ER 24 HRS.
FEMALE .	WHITE	WIDOW	ED 🗆	DIVORCED [	6/3/4	4		last birthdoy	Months	Doys	Hours	Min.
10a. USUAL OCCUPATION	ON (Give kind of work	done 10b	KIND OF	BUSINESS OR IND	JSTRY 11. BIRTH	PLACE (Stote	or foreign o			TIZEN O	F WHAT	COUNTRY
STUDENT	king life, even if retired	3)										
13. FATHER'S NAME						ARYLAN				US	A	
D	V											
ROBERT BOW 15. WAS DECEASED EVE		PCE62 114	COCIAL C	ECHIDITY NO. 117	INFORMANT	SE REB	ECCA					
(Yes. no. or unknown)	(If yes, give war or dates of	service)	SOCIAL S	ECURITY NO. 17.	INFORMANT			^	ddress			
					HOSPITA	AL REC	ORDS	C	LNEY.	MD.		
	ATH [Enter only one co ATH WAS CAUSED BY: IMMEDIATE CAUSE (c	Ch	rehi	(b). and (c).	phocytic	c Le	enker	nia			ERVAL BE SET AND NEN	
Conditions, if o	ny, which ) (b	>)(										
couse (o), stating	the under-	)										
lying couse lost.	) (c		CONTRIBUTE	TIN 10 TO DO AT 1 TO 1								
3	HER SIGNIFICANT CON								GIVEN IN PA	RT 1(o) 1	PEREC	AUTOPSY DRMED?
	AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HO	W INJURY OCCURR	ED. (Enter noture	of injury in	Part I or Par	rt II of item 18.)			, du	
ZOC. TIME OF INJUR Hour a. m. p. m.	Y Month, Day, Ye	ar 20d, I While of wor		CURRED 20e. P	ACE OF INJURY octory, street, offi	(Home, form ce bldg., etc	20f. (Cit)	y or town)		(Caunty)		(Stale)
21. I certify It	at I attended the	decens	ed from		. 19	to F	eb Z	6 105	5 46-41	last	1	1
alive an Tel	3 204	10 5	3			/ '	Δ	, 195	7., that I	last so	iw the	deceased
drive dri	7/	, 172	-/	and that deat	accurred a	10.00	M, fran	n the causes	and on	the dat		
ACTUAL	Kil- 1	1	1	. 0.			WDDME22 (2)	treet, city or tow	n, stote)		D	ATE SIGNED
SIGNATURE	I would be a second		. / 6	1	M.D							
SIGNATURE			- /									
PHYSICIAN'S NAME (Type)	R. A. YA	-	M. D	•		OLNEY	, MARY	Y LA ND				~ ~ ~ ~ ~ ~ ~
PHYSICIAN'S		-	22E. NA	ME OF CEMETERY	11 -1 13	OLNEY		Y LA ND JION (City, town	-	27	(Stot	eid -

Bread to are	LOTRITISIO		
			Ya martaok
	-		
100 PA			
 FOR STREET AND STREET			
HALFERY, MARKEN		2310 K 17	
All The Action		e Viet	

VS A15 (4) 1SM 10/57

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00753

2092 CERTIFICATE OF DEATH

Reg. Dist. No.

	1. PLACE OF DEATH			ere deceased lived. If instituti		efore admission)
	o. county Montgomery	MARYLAND	o. STATE Marvla	nd b. COUNTY	Montgor	merv
	b. CITY OR TOWN (If outside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If ou	utside corporate limits, write R		W
	Rural Rockville	2½ years	× Rural	Rockville	8	
1	d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION	oddress)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
	River Road, Rt. 2, Roc	ckville	River Road	d, Rt. 2		YES NO
	3. NAME OF First DECEASED	Middle	Lost	4. DATE Mor		Doy Yeor
	(Type or print) Philip	Marion	Knox	DEATH Feb:	ruary	1 1959
	5. SEX 6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthday)	IF UNDER 1 YE	AR IF UNDER 24 HRS.
	Male White widow	/ED DIVORCED	December 16,	1879 79 m	Months Doy	ys Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done 10b				12. CITIZEN	OF WHAT COUNTRY?
	during most of working life, even if refired) Accountant—Treas.	Govt. Employee	Alexandr	ia, Virginia		U.S.
1	13. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME		
1	Robert F. Knox		Lucy Sm	ith		
	IYes no or unknown) . Iff was once were as dates of services		NFORMANT	Add	ress	
	No 5	79-42-7832 M	rs. John C. Ad	dams, Rt. 2.,	Rockvil	lle, Md.
Ш	18. CAUSE OF DEATH [Enter only one cause per I	ine far (a), (b), and (c).]			10	NTERVAL BETWEEN
R	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (g)	ymphatic Leuke	mia and Carcin	noma of Prosta	ate	MSH AND REALE
	1997 DUE TO					
P,	Conditions if one which )					
	gove rise to immediate					
	cause (a), stating the under-				341.11	
	(0)	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	NAI DISEASE CONDITION OF	/FNI INI DADT 1/a	A 10 WAS ALITOPSY
0	PART II. OTHER SIGNIFICANT CONDITIONS Arteriosclerotic Os			THE DISEASE CONDITION OF	EN IN FAKT 1(U	PERFORMED?
	200. ACCIDENT WAS UNDERLYING   20b. DES	SCRIBE HOW INJURY OCCURRED		art I or Part II of item 18.)		1.13[] 1.02[]
	(IF EITHER, NOTIFY MEDICAL EXAMINER)					
			ACE OF INJURY (Hame, form, story, street, office bldg., etc.)	20f. (City or town)	(Coun	ty) (Stole)
	Hour o. m. 19 While of wa		nory, street, office blog., etc.)			
	21. I certify that I attended the decea	sed from May	, 19 58, ta 1	Feb 19.59	that I last	saw the deceased
	alive an 30 January 194		accurred at 5:30A			
	120			DDRESS (Street, city or town,		DATE SIGNED
	SIGNATURE The ress	well JE.	M.D. 2029 Quo !	St. N.W., Wash	1., D.C.	. 2-1-59
	BUVCICIABUC					
	PHYSICIAN'S W. F. Cresswell	Jr.				
9	220. BURIAL, CREMATION, 226. DATE THEREOF	22c. NAME OF CEMETERY OF	R CREMATORY	22d. LOCATION (City/lowg/	or county)	(Stote)
	BUNGER 2-3-59	Sugror		Michalloy	wa	() in race:
	3. JUNERAL DIRECTOR'S SIGNATURE	ADDRESS 1/1	240. REC'D	8Y REGISTRAR 24b. REGI	STRAR'S SIGNA	TURE
	/ mis Kountan	multipleu	4. Van PATEEB	3 '59 Cont	lug Oft.	4

		MIAND TO STA	CERTIFIC		
				etion in	
1 .			ovo. Encompe		
		. La La Japanese			
4 2	2300				

Total Contract of the Contract			2093	}	CERTII	-ICA	TE OF DEATH	1		Reg. Dis	t. No.	215	5
	1. [	LACE OF DEATH COUNTY Montgomer	У		MARYI	AND	2. USUAL RESIDENCE (WI o. STATE Maryland	nere decease	d lived. If instituti b. COUNTY	on: Residence	t before	re odmiss	ion)
Sant 1	1	. CITY OR TOWN (I	If outside carparate limits	, write	c. LENGTH OF STAY	N 1b	c. CITY OR TOWN (IF	outside corpo	orote limits, write R	URAL ond g	ive nec	rest town	()
		Bethesda	(Rural)		2 days		Lexington 1	Park			18	X-	2
	(	OR INSTITUTION	TAL (If not in haspital, gi	re street	address)		d. STREET ADDRESS					e. IS RES	FARM?
		U. S. Nav	al Hospital				11 Balamaus	a Cour	t				NO [X
		NAME OF DECEASED Type or print)	First		Middle Jean		KOLBAS	4. DATE OF DEATH	Mor Feb	<sub>th</sub>	Do J F		Yeor 19 59
	S. 5	EX			RIED NEVER MARRIE	D [X]	B. DATE OF BIRTH		9. AGE (In years	IF UNDER		IF UND	
	F	emale	Caucasian	WIDOWI	ED DIVORCED		2-9-59		lost birthdoy) yrs.	Months	Doys	Hours	Min.
	10a	USUAL OCCUPATION				INDUS	TRY 11. BIRTHPLACE (Stote	ar foreign c	ountry)	12. CIT	ZEN O	F WHAT	COUNTRY
		None	king me, even ir temed)		None		Maryland	3		U.	.S.A		
1	13.	FATHER'S NAME					14. MOTHER'S MAIDEN	NAME					
N		Leon R. K	COLBAS				Mary N. O	HARE					
	15.	WAS DECEASED EVE	R IN U. S. ARMED FORC		SOCIAL SECURITY NO.	17. 12	FORMANT		Add	ress			
	N	io			ione	Но	spital Record	ds					
			ATH [Enter only one country on	Bac	teremia						ONS	RVAL BE	DEATH
		Conditions, if o gove rise to i cause (o), stoting lying couse lost.	m mediote the under- (c).		Pseudomona								
2	CERTIFICATION	PART II. OTI					NOT RELATED TO THE TERM			'EN IN PART	1(0) 1	PERFC	AUTOPSY DRMED?
	- 1	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	70b. DES	CRIBE HOW INJURY OC	CURRED	. (Enter nature of injury in	Port I or Par	t II of item 18.)				
	MEDI	Hour o. m. p. m.	Y Month, Doy, Year 19	While at wor	Not while ot work	fac	CE OF INJURY (Home, farm ory, street, office bldg., etc	-)			ounty)		(State)
/		21. I certify the olive on Februar actual signature.  Physician's NAME (Type)	nat I oftended the cuary 15	195	ed from Februs 2, and that LT. MC. USI	deoth	U. S. NE	M, from	the couses of treet, city or town, cospital,	and on th	ost so	te stote	decease ed obove ATE SIGNE 5-59
	220	BURIAL, CREMATIO REMOVAL (Specify)			22c. NAME OF CEME	ERY OF	CREMATORY	22d. LOCA	TION (City, town,	or county)		(Stot	e)
	B	urial (specify)	2-20-59		Arlington	Na Na	tional	Arl	ington	1	/irg	inie	i
		dams Fune	1118 1911	748	ADDRESS Wisc.Ave.NV	1, W	ash.,DC DATE FE	B 1 8 15		Thun S.			

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

The But No City		
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77.341	A TENED IN THE OWNER.	
* 14 °		
respect all only State States again respect or locations of	rent of Europe Manne	
27		The property will be a first of the property of the party

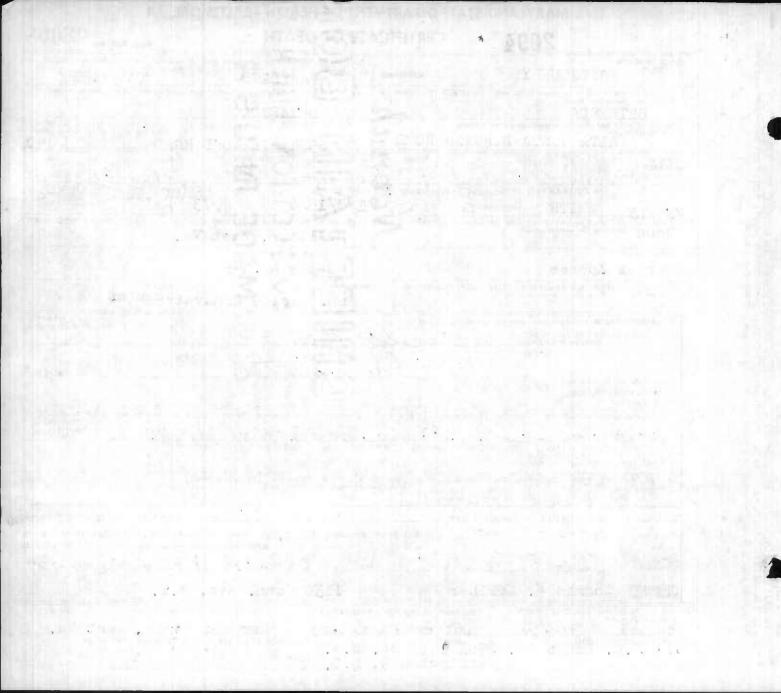
MARYLAND S	TATE DEPARTA	NENT OF HEALT	H-BALTIM	ORE, 18	P. 1	
2094	CERTIFICA	ATE OF DEAT	'H	Reg. D	ist. No. 12	)68
1. PLACE OF DEATH  o. COUNTY MONTGOMERY	MARYLAND	2. USUAL RESIDENCE (V o. STATE MARY)	b	COUNTY	nce before admiss	ian)
b. CITY OR TOWN (If outside corporate limits, write c RURAL and give nearest town) BETHESDA	. LENGTH OF STAY IN 16	c. CITY OR TOWN (III	f autside carporate lim	its, write RURAL and	give nearest town	.)
d. NAME OF HOSPITAL (If not in hospital, give street addor INSTITUTION ALTA VISTA NURS		d. STREET ADDRESS	MILLWOOD	ROAD		IDENCE FARM?
3. NAME OF DECEASED (Type or print) May de Be	Middle A	Lost	4. DATE OF DEATH	Month Felt	26	Year 1935
FEMALE WHITE WIDOWED		1/8/1886	lost.	(in years birthday) yrs.	Days Hours	Min.
10a. USUAL OCCUPATION (Give kind of wark done 10b. KII	nd of Business or Indu		n, West		IZEN OF WHAT C	OUNTRY?
13. FATHER'S NAME Charles Koonce		14. MOTHER'S MAIDEN				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	OCIAL SECURITY NO.	Mrs. Les:	lie Erhar	dtsame &	as #2	
18. CAUSE OF DEATH [Enter only one cause per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	far (a), (b), and (c).	ton Failur	e		INTERVAL BE	TWEEN
Canditions, if any, which gave rise to immediate cause (a), stating the <u>under-lying cause last.</u> DUE TO  (b)  DUE TO  (c)	acte Py	seloneplisi	tis		10di	rgot
PART II. OTHER SIGNIFICANT CONDITIONS CO	rebral Vaxenla	T NOT RELATED TO THE TER  Salarata, C  ED. (Enter nature of injury i	CASHO, Pot	restenus	PERFO	AUTOPSY PRMED? NO
20c. TIME OF INJURY Month, Day, Year Haur o. m. p. m. 19 While of work [	Nat while fo	LACE OF INJURY (Hame, fa actory, street, affice bldg., e		n)	(County)	(State)
21. I certify that I attended the deceased alive an Lab 2 5 , 1956  ACTUAL SIGNATURE TRANSPORT			PM, fram the c		e date stated	
PHYSICIAN'S Thomas F. Kelil	her	11 <b>5</b> 0 Co	nn. Ave.	N.W.		
REMOVAL (Specify) 3/2/59		emetery	Harpers	Ferry 1		
23. Fine S.H. Hines Co. 29	OI III th St.		MAR 2 '59	Orthun 2		

N.W.

DATE MAR 2

2901 14th St. Washington 9.

VS A15 (4) 1SM 9/SB



V\$ A1S (4) 1SM 9/SB

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	1. PLACE OF DEA
)	b. CITY OR TO RURAL and Ken
90	d. NAME OF POR INSTITU
	3. NAME OF DECEASED (Type or print)

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 2095

**CERTIFICATE OF DEATH** 

Reg. Dist. No. 12(161)

1. PLACE OF DEATH a. COUNTY			***	MAND	2. USUAL RESIL	DENCE (Wh	ere deceased	lived. If instituti	on: Residence	e before adr	mission)
M	lontgomery		MAK	YLAND		Mary!	Land		Mo	ontgo	mery
b. CITY OR TOWN I	(If outside corporate limits		LENGTH OF STAY	IN 1b				ote limits, write R	URAL ond gi	ive nearest to	own)
	ngton		L month			nsing	gton				
OR INSTITUTION	TAL (If nat in haspital, gi	ve street addr	ress)		d. STREET A	DDRESS					RESIDENCE N A FARM?
	ton Garden	ns Sar	nitariu	m	11	205	Jayer	oss Way	7	YES	□ NOXOX
3. NAME OF DECEASED	First	t	Middle		Las	t	4. DATE OF	Mor	ith	Day	Year
(Type or print)	ELIAS	I. K	OZAK				DEATH	Feb	ruary	v 24	19 59
5. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARR	EDZC	B. DATE OF BIRTI	-	1	P. AGE (In years lost birthdoy)	IF UNDER	YEAR IF U	NDER 24 HRS.
Male	White	WIDOWED [	DIVORCE	D 🗆	July	28.	1897	61 yrs.		26 Hou	urs Min.
10a. USUAL OCCUPATI	ON (Give kind of work d	one 10b. KIN	D OF BUSINESS	OR INDUS				untry)	12. CITIZ	EN OF WHA	AT COUNTRY
Baker	rking life, even if retired)	B.	akerv			Ukra:	ine		US	2	
13. FATHER'S NAME		Do	arery	-	14. MOTHER'S				0.		
To	hn Kozak				Pa	ulin	e Saj				
	ER IN U. S. ARMED FORCE	ES? 16 SOC	TAL SECURITY NO	). IN	IFORMANT	GLIII	e baj	Add	ress		
(Yes, no, or unknown)	(If yes, give war ar dates of ser	rvice)		1 1 1 1 1		24		**			24.2
	Not US		-05-883		ine Van	Met	er-nl	ece-Ker	ising:		Md.
A CONTRACTOR OF THE PROPERTY O	ATH [Enter only one cau	se per line fo	or (a), (b), and (c)	1/0			4	1			ND DEATH
PARI I. DE.	ATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Mile	islalie	ai	Unom a	- 0	ling	, Jen	u	3 h	400.
180 X	DUE TO	1	/	1 1		1	111	1:1		1	
Canditions, if	ony, which ) (b).	A	Ly Ruit	ghi	oma	- lly	1 /	edoug.		1-4	ear
gave rise to	immediate Due TO		/// /	/		//				/	
couse (o), stating lying couse lost.	me under-		0.								
	HER SIGNIFICANT COND	OITIONS CON	TRIBUTING TO DE	ATH BUT	NOT RELATED TO	THE TERMI	NAL DISEASE	CONDITION GIV	EN IN PART	1(a) 19. W	AS AUTOPSY
Z PART II. OT											RFORMED?
	AC LINIDERLYING TO	20h DECCRIN	E HOW INJURY O	CCURRE	/E-11	f introduction f	Part Las Part	II of item 18 \		103	NO L
	AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	ZOD. DESCRIB	E HOW INJURY C	CCURREL	. (Chier hoture o	r injury in r	on i or run	ii oi iiem ib.,			
20c. TIME OF INJU Hour o.m.	RY Month, Day, Year	r 20d. INJU	RY OCCURRED		CE OF INJURY			ar town)	(Co	ounty)	(State)
Hour o.m.	19	While	Nat while	foc	tory, street, affice	bldg., etc.	)				
₹ p. m.		ot wark	/ []		- CI	7	,	1	2		
	hat I attended the	deceased	from Juse	uen	1-19-7	, to 24	licerary ?	4 , 1957	that I las	it saw the	e deceased
alive ande	iquery 21	_, 1959	, and that	death	accurred at_	120 P.	M, fram t	he causes an	d an the	date stat	ted abave
/	100	4.1	- / 1			/	ADDRESS (Str	eat, city ar town,	stote)		DATE SIGNED
ACTUAL SIGNATURE	1. Dlaine	Mage	cald	_	10 8218	Wese	ousin a	Ine - Bu	Therda	0	2/24/5
SIGNATURE		11			n.b. 9						1
PHYSICIAN'S NAME (Type)	J. Blaine	Patz	gerald		8218	Wis	c. Av	e. Beth	nesda	, Md.	
220. BURIAL, CREMATIC	ON, 22b. DATE THEREOF	F 22	c. NAME OF CEN	LETERY OF	CREMATORY		22d. LOCATI	ON (City, town,	or county)	(!	State)
Bur-Irans	it 2/27/		Holy Cr			rv	Arl	ington.	New	Jers	ev
3. FUNERAL DIRECTOR			ADDRESS	000	- CILLO C C		D BY REGISTR		STRAR'S SIG		
		. D - 4		M-		DATE ME			Thun S.		
Robert A	Pumphrey	7 Bei	thesda	Mar	W and	DATE HORF	20.5		1 44.		

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VS A15 (4) 15M 9/55

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 1996

CERTIFICATE OF DEATH

		• •	CERTII	ICA	IE OF DEA			Reg. Dist.	No.	
1. PLACE OF DEATH o. COUNTY	Montgomery		MARYL		2. USUAL RESIDENCE a. STATE Md.	(Where deceased	lived. If institution b. COUNTY		before odn	
RURAL and give	(If outside corporate limits, nearest town) coma Park	write	e. LENGTH OF STAY I	N lb	c. CITY OR TOWN	(If outside corpor akoma Pa:		JRAL and give	e nearest to	own)
d. NAME OF HOSP OR INSTITUTION	7100 Sycamo				/ d. STREET ADDRESS	s camore A	ve.		10	RESIDENCE N A FARM? NO A
3. NAME OF DECEASED (Type or print)	First MARY		Middle N .		Lost KROUT	4. DATE OF DEATH	Mant Feb		Doy 3	Year 19 59
5. SEX Female		VIDOWED	DIVORCED		Sept. 10,	1864	9. AGE (In years lost bisthday) yrs.	Manths Do	YEAR IF UN	
10a. USUAL OCCUPAT during most of wo Homemake	ION (Give kind of work do orking life, even if retired) BT		ND OF BUSINESS OR At Home	INDUST		tate ar fareign ca County,			OF WH	IAT COUNTRY
13. father's name Wi]	lliam Snyder				14. MOTHER'S MAIDE Angelin		Que es			
1S. WAS DECEASED EV (Yes, no. or unknown) NO	/ER IN U. S. ARMED FORCE (If yes, give wor or dates of serv		OCIAL SECURITY NO.		ormant . Russell :	S. Krout	, 6817 5		, N.W	. D.C.
	g the under-	M C	for (o). (b). and (c).]  Pulm  40 care	67	lary I In	Ed tare	ema tion scler	7	interval onset at 48	hrs hrs
PART II. O	THER SIGNIFICANT CONDI		4		OT RELATED TO THE TE	RMINAL DISEASE	CONDITION GIV		PER	AS AUTOPSY FORMED?
20c. TIME OF INJU	JRY Month, Day, Year	20d. INJ While of work [	Nat while	20e. PLAC facto	E OF INJURY (Hame, iry, street, office bldg.,	farm, 20f. (City	or town)	(Cav	nty)	(State)
alive an	that I attended the conference of the conference	leceased, 125	7. and that	death o	2, 19.59, to occurred at 9.50 (2(86)) h St. N.W.	GAPORESS (Stroner App	the causes a eet, city or town, s roved si	nd an the		
220. BURIAL, CREMATI REMONAL (Specification) 23. FUNERAL DIRECTO	CDU5.6.1	254	ADDRESS	TERY OR	smilly	Spring EC'D BY REGISTA	1 1/	TRAR'S SIGNA	enn ATURE	tate)

TOTAL L		
		Name and the
	100	Married Name of Street
		Z sa sa con finite and
THE RESERVE		

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## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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				-	_	-	

JIGHT TOURS ON TITIMOZ	17 1-7-17 EU Keg. Dist.	NO.
n. PLACE OF DEATH  a. COUNTY Montgomery MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence c. STATE Maryland b. COUNTY Mont	before odmission) gomery
b. CITY OR TOWN (If outside corporate limits, write RURAL ond give negretal lown)  Bethesda	c. CITY OR TOWN (If outside corporate limits, write RURAL and given Bethesda	e neorest tawn)
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)  112 Northbrook Lane	/d. STREET ADDRESS 112 Northbrook Lane	e. IS RESIDENCE ON A FARM? YES NOX
NAME OF DECEASED (Type or print) LULA MIDDLETON I	LANDES 4. DATE Month OF DEATH February 13	y Yeor 19 59
Female Unite	Aug. 1, 1870 86 38 yrs. IF UNDER 1YEA	AR IF UNDER 24 HRS. Hours Min.
a. USUAL OCCUPATION (Give kind of wark done during most of working life, even if retired)  Housewife  Own Home	Virginia  11. BIRTHPLACE (State of foreign country)  Virginia  U	S OF WHAT COUNTRY
John Middleton	14. MOTHER'S MAIDEN NAME Sarah McDonald	
s, no or unknown)   If yes, give war or dates of service)	NFORMANT S. Helen Ellison Bethesd	
18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  COPONARY  OC	44	NTERVAL BETWEEN NOSET AND DEATH SUDDEN
gove rise to immediate cause (a), slating the underlying DUE TO	rteriosclerosis	5 yrs.
PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a	19. WAS AUTOPSY PERFORMED? YES NO
200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	inter nature of injury in Port I or Part II of Item 18.)	
20c, TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLAC factor of work of work of work of work	CE OF INJURY (Home, form. 20f. (City or town) (County) ory, street, affice bldg., etc.)	(Stote)
21. I certify that I took charge of the remains described about opinion death resulted fram: Notural causes 4. Accident		
EXAMINER'S PAIN J. Broschart  EXAMINER'S PAIN J. Broschart	_M.D. CHIEF MEDICAL EXAMINER   ASSISTANT MEDICAL EXAMINER   DEPUTY MEDICAL EXAMINER   2/13/59	DATE SIGNED
D. BURIAL CREMATION. 22b. DATE THEREOF REMOVAL (Specify) 2/16/59 Thorne Rose		(State)
FUNERAL DIRECTOR'S SIGNATURE ADDRESS Robert A. Pumphrey-Bethesda, Marylar	24o. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNAT	

VS. A15ME 5M 2/57

MENGAL, EXAMINER S CERTIFICATE OF DEATH

MEDICAL, EXAMINER S CERTIFICATE OF DEATH

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Description of the Control of the Co	
24/21/2   T. 24/21/2   T. 19/2/2007	TERRITOR S. L. SUNTA, DE RUI.
Stanton, Va.	u-Transit 2/16/59 Thorne fload
	Braigrand, absented - youngmits . A freedy

## corbon burial-transit should FUNER 3

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 2097 **CERTIFICATE OF DEATH** Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write A c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give megrest town d. NAME OF HOSPITAL (If not in hospital/give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO HOSDI NAME OF 4. DATE Middle Month DECEASED DEATH (Type or print) 19 . 9. AGE (In years last bigthday) IF UNDER TYEAR IF UNDER 24 HR 5. SEX 6. COLOR OR RACE 7. MARRIED THEVER MARRIED 8. DATE OF BIRTH DIVORCED [ WIDOWED | 100. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT, COUNTRY? 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) - nymeet ofter 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? INFORMANT Address. 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19, WAS AUTOPSY PERFORMED? YES NO T 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b, DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Port tl of item 18.) 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Doy, Year 20d. INJURY OCCURRED 20f. (City or town) (Stote) (County) foctory, street, office bldg., etc.) Hour o. m While Not while of work of work 195 That I last saw the deceased 21. I certify that I attended the deceased from I and that death occurred at Death, from the causes and an the date stated above. ADDRESS (Street, city or town, stote) DATE SIGNED

> ACTUAL PHYSICIAN'S Washington Clinic Wash. NAME (Type) 220. BURIAL CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) BUTIAL (Specify) 6/ Mt. Olivet Cemetery Washington, D. C. ADDRESS 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR

> > Bethesda. Maryland

DATE 1 8 '59

athur & Trains

VS A1S (4)

Robert A. Pumphrey

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No.	esemble esembl	
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VS A15 (4) 15M 10/57

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### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 2098

**CERTIFICATE OF DEATH** 

02072

Reg. Dist. No. 215

1. PLACE OF DEATH o. COUNTY Montgomery			MARYLAND	2. USUAL RES G. STATE Ohio	IDENCE (Wh	ere deceased	lived. If institution b. COUNTY	an: Residen	ce before	admissi	on)
	outside corporate limit	ts, write	c. LENGTH OF STAY IN 16	c. CITY OR	TOWN (If o	utside corpore	ate limits, write R	URAL and g	give neare	st town)	
Bethesda (	- 1		54 days	Cleve	land F	Reights		72x	1.3	7	1000
d. NAME OF HOSPIT. OR INSTITUTION	AL (If not in hospital, g	ive street	oddress)	d. STREET				- 60° n d	e.	IS RESI	
U. S. Nava	l Hospital			1943	Revere	Road				ON A	NO 💢
3. NAME OF DECEASED	Fire	st	Middle	Lo	ost	4. DATE	Mon	th	Day	Y	'ear
(Type or print)	Arth	nur	Saul	LANS	KY	DEATH	Febr	uarv	19	1	959
5. SEX	6. COLOR OR RACE	7. MARE	IED NEVER MARRIED	B. DATE OF BIRT	тн	5	AGE (In years	IF UNDER	1 YEAR IF		
Male	Caucasian	WIDOWI	DIVORCED	1-21	-36		last birthday) 23 yrs.	Months	Days	Haurs	Min.
10a. USUAL OCCUPATIO	N (Give kind of work oing life, even if retired)	done 10b.	KIND OF BUSINESS OR INDU	JSTRY 11. BIRTHP	PLACE (Stote	or fareign cou	intry)	12. CIT	IZEN OF	WHAT	COUNTRY?
U. S. Mar		,		0	hio			U	.S.A.	,	
13. FATHER'S NAME				14. MOTHER	S MAIDEN N	IAME		-1			
Louis LAN	SKY			Net.t.	ie FIE	RMAN					
15. WAS DECEASED EVER	IN U. S. ARMED FOR		SOCIAL SECURITY NO. 17.	INFORMANT			Add	ress	-	-	
Yes. no. or unknown)	1956 to DOI		80-30-6605	F) Louis	Lanck	cy, san	ne as #2	above	A		
	2770 00 001		ne for (o), (b), and (c).]	1) HOUTE	Hamen	27 5 5021	10 db 1/2	4004		VAL BET	TAVEENI
	H WAS CAUSED BY:	h	2. 1. 1. 1	10 .						AND	
179.9	IMMEDIATE CAUSE (of		washe	aren	ma						
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Canditions, if ar		Ch	www-carre	non	0	righ	~ un	know	in	8 m	renda
couse (o), stating t											
lying cause last.	) (c)										
PART II. OTH  20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY)	ER SIGNIFICANT CON	DITIONS C	CONTRIBUTING TO DEATH BU	T NOT RELATED TO	O THE TERMI	NAL DISEASE	CONDITION GIV	EN IN PAR		PERFOR	NO T
	☐ CAUSE OF DEATH!	20b. DES	CRIBE HOW INJURY OCCURR	ED. (Enter nature o	af injury in P	art I ar Part I	Il of item 18.)				
20c. TIME OF INJURY Hour o. m. p. m.	Month, Day, Yea	While	NJURY OCCURRED 20e. P	LACE OF INJURY octory, street, affic	(Home, form, ce bldg., etc.	20f. (City o	or town)	(0	County)		(State)
21. I certify the	at I attended the	deceas	ed from December	27 1058	toFeb	ruary	19 1059	that I I	ast sau	tho	deseased
alive an Febr	uarv 19	10 5	2, and that deat	accurred at	4:254	A4 6	Aba		usi suw	ille (	Jeceasea
diffe dile	^	me I hadi	Z, dila diai deali	decorred di			et, city or town,		ne date		a abave.
ACTUAL SIGNATURE	1 1	10	A X	W		ral Hos		sidiej		2-1	0-50
SIGNATURE	tackt		A STATE OF THE STA	M.D	D. 1144	AT HOS	PLOGI				7 77
PHYSICIAN'S NAME (Type)	Jack D. RI	EAL,	LT, MC, USN	Bet	hesda	Mary]	and				
220. BURIAL CREMATION	226 DATE THEREO	F	22c. NAME OF CEMETERY	OR CREMATORY		22d. LOCATIO	ON (City, town, o	or country)			
PEMOVAL (Speciful	, Italian Mickey		THE CHARLEST C					or county)		(State)	7
Burial-Ship	ent_2-19-5	92	Mount Olive				veland	or country;	Ohi		,
REMOYAL (Specify) Bur 121-Shiph 23. EUNERAL ORECTOR:	ent 2-19-5	9					veland				

SELECTRICAL STATE BETWEEN THE OF HEALTH AND STATE CHARTERS AND 

### FOR STATE HEALTH DEPT. Poge

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5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived. If institution: Residence before admission o. COUNTY O. STATE b. COUNTY MARYLAND b. CITY OR TOWN III outside c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporale limits, write RURAL and give hearest town) d. NAME OF HOSPITAL e. IS RESIDENCE ON A FARM? 00 YES NO W 3. NAME OF Middle 4. DATE Year DECEASED (Type or print) DEATH 19 59 6. COLOR OR RACE | MARRIED | NEVER MARRIED | 8. DATE OF BIRTH 9. AGE |In years IF UNDER TYEAR 5. SEX IF UNDER 24 HRS. WIDOWED T DIVORCED T 100. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) ouseur 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT (If yes, give war or dates of selfice) 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: auxe IMMEDIATE CAUSE (a) Dudle DUE TO Conditions, If ony, which gave rise to immediate cause DUE TO (a), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? NO X 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20d INJURY OCCORRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town 20c. TIME OF INJURY Month, Doy, Year Not While factory, street, office bldg., etc.) Hour of work of work p. m. 21. I certify that I took charge of the remains described above, held on Autopsy . Inspection , Inquiry , and in my opinian death resulted fram: Natural causes . Accident !. Suicide M, Homicide M, Undetermined manner ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER NAME (Type) 22c. NAME OF CEMETERY OR CREMATORY 220. BURIAL, CREMATION, 226. DATE THEREOF 22d. LOCATION (City, town, or county) REMOVAL (Specify) Parklawn Rockville, Maryland 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE Bethesda, Maryland Civilium S. Thouse Robert A. Pumphrey

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# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1 tem 9 FilmG239 2-20-59 et CERTIFICATE OF DEATH

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	Fed 3	UU_							Reg. Di	st. No.	_	
1. PLACE OF DEA a. COUNTY MONT GO I			MARY	LAND	2. USUAL RESIDEN o. STATE MARYLA		e deceased	b. COUNTY	on: Resider		admiss	ion)
b. CITY OR TOV	NN (If outside corporate limitive nearest town)	its, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOW	-	side corporo				est tawn	)
OLNEY			5 DAYS		56SILVER	SPR	NG					
OR INSTITUT					d. STREET ADDE			352				FARM?
	MERY COUNTY G	ENERA	L HOSPITAL		Norwood	D ROA	AD D				YES X	NO 🗌
3. NAME OF DECEASED (Type or print)	Fir Em.	st ANUEL	Middle		Lost	4	OF DEATH	Mon	th RUARY	Doy 7		rear 1959
5. SEX			RIED NEVER MARRIE	DY	8. DATE OF BIRTH		9	. AGE (In years	IF UNDER			
MALE	NEGRO	WIDOWI	ED DIVORCE		3/7/7	5		178 8 3rrs.	Months	-	Hours	Min.
FARM W	PATION (Give kind of work of working life, even if retired	done 10b.	KIND OF BUSINESS O	R INDU	STRY 11. BIRTHPLACE		foreign cou	ntry)	-	USA	WHAT	COUNTRY
13. FATHER'S NAM	E				14. MOTHER'S MA		MF			USA		
WILLIAM	1 NATHANIEL L	OMAX			Louise							
15. WAS DECEASE	DEVER IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO	. 17. 1	NFORMANT	HIL	LIAMS	Add	ess			
[Yes, no. or unknown]	[If yes, give war or dates of s	ervice)			HOSPITAL	RECO	ORDS	OLN	EY. M	ARYLA	ND	
	DEATH [Enter only one co DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o	, 30	le far (a), (b), and (c).	0	conf	le	en	e			VAL BET	
gove rise	if ony, which to immediate DUE TO		ronce	lic	pner	en	no	ue				
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PART II.  20a. ACCIDEN OR CONTRIBU (IF EITHER, NO	OTHER SIGNIFICANT CON	DITIONS	ONTRIBUTING TO DEA	TH BUT	NOT RELATED TO THE	TERMINA	AL DISEASE (	CONDITION GIV	EN IN PAR		PERFO	NO
	T WAS UNDERLYING  TING CAUSE OF DEATH OTIFY MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OF	CCURRE	D. (Enter nature of inj	ury in Par	t I or Port 1	t of item 18.)				
Hour o	NJURY Month, Doy, Yeo . m. 19	While	NJURY OCCURRED Nat while of work	20e. PL	ACE OF INJURY (Hometory, street, office bld	e, farm, g., etc.)	20f. (City o	r town)	(0	County)		(State)
21. I certificative an	y that I attended the	decease , 19 3		death	accurred at 11		AMFram DRESS (Stree	the causes a	nd on t		state	deceased d abave TE SIGNED
PHYSICIAN'S NAME (Type)	A. D.Bonii	S FANT.	м. D.		SA	NOY	SPRIN	G. MARYI	AND			
22a. BURIAL, CREM REMOVAL 150	ATION, 22b. DATE THEREO	F	22c. NAME OF CEME Mt. Ple		R CREMATORY			on (City, town )			(Stote	)
23. FUNERAL DIREC	TOR'S SIGNATURE	lece	ADDRESS . Rockville,	Ma	•	REC'D E	REGISTRA		TRAR'S SIC			

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### CERTIFICATE OF DEATH

02075

	Z107 CERTIFICAT	Reg. Dist. No.
Ī	1. PLACE OF DEATH COUNTY MONTGOMERY MARYLAND 2.	o. STATE Maryland  b. Montgomery
0	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)  Chevy Chase	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  * Chevy Chase
	d. NAME OF HOSPITAL (If nat in haspital, give street address) OR INSTITUTION 7306 Delfield Street	/d. STREET ADDRESS  7306 Delfield Street  o. IS RESIDENCE ON A FARM? YES □ NO □
3	3. NAME OF DECEASED (Type or print) First Middle EUGENIE LY	YFORD  4. DATE Month Peb. 3, 19 59
5		DATE OF BIRTH  Ct. 8, 1875  9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.   Months   275   Haurs   Min.
1	10a. USUAL OCCUPATION (Give kind of wark done during most of warking life, even if retired)  School Teacher-Ret. School Teache	
1	13. FATHER'S NAME Albert E. Lyford	14. MOTHER'S MAIDEN NAME  Clara Burgh
	15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) [(If yes, give war ar dates of service)]	ormant Address arry B. Lyford - as above #2
	1B. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  DUE TO  Conditions, if any, which gove rise to immediate couse (a), stating the under-lying couse lost.  (b)  DUE TO  OUE TO  OUE TO  OUE TO  OUE TO	V Lesuboris  Nerval Between ONSET AND DEATH  Adays  Lesuboris  Cerebral Voscular 5 years  ie
Ιŝ	A TELEBRATA MAN AND THE LOCAL PROPERTY OF THE LOCAL PARTY OF THE LOCAL	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO (Enter noture of injury in Part I or Port II of item 18.)
2000	OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	
010011		E OF INJURY (Home, form, 20f. (City ar tawn) (County) (State) ry, street, affice bldg., etc.)
	21. I certify that I attended the deceased from alive on 3, 19 57, and that death of ACTUAL SIGNATURE SIGNATURE	nccurred of 3 195, that I last saw the deceased occurred of 3 196, from the couses and on the date stated above.  ADDRESS (Street, city or town, state)  DATE SIGNED  N. W. W. W. D. D.
100	PHYSICIAN'S NAME (Type) Charles E. Woodson, 1801 Ey Transva CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CO	ye St., N. W., Washington 6, D. C.  REMATORY 22d. LOCATION (City, town, or county) (Stote)
13	Burial 2-7-59 Chippiannock	Cem. Rock Island, Illinois
2	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Robert A. Pumphrey, Bethesda 14, M	Md. DATE FER 6 159 Cultury S. Kraus

uneral difectar, Id be filed with death. Poge P and campletely filled in by bon papers. Poges 1 and 2 requires that the death certificate be executed within 24 hours within 72 haurs after de ottending physician Then pleose

TO FUNERAL DIVECTOR: After this certificate hos been signed by the page 3 should be detached for use as the buriol-transit permit. Then the registror prior to burial, cremotion, or remayal, and in ony event TTENDING PHYSICIAN: TO HOSPITAL VS A15 (4) 15M 9/58

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# TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page may be retained the haspital or attending physician. D FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the page 3 shauld be detached far use as the burial-transit permit. Then please remaye carban papers. Pages 1 and 2 shifter registrar priar to burial, cremation, ar remayal, and in any event within 72 maurs ofter death. TO FUNERAL DIRE

VS A15 (4) 15M 10/57

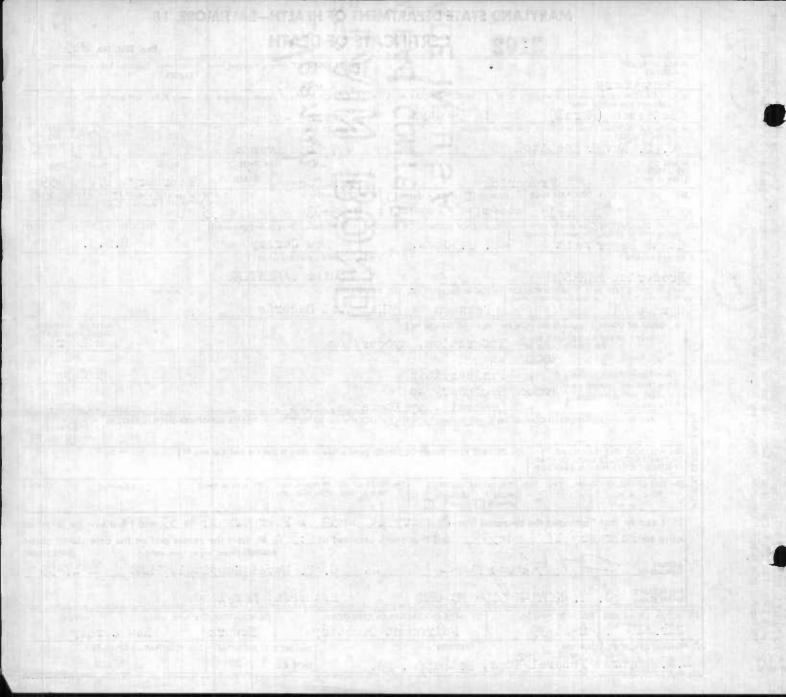
### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

**CERTIFICATE OF DEATH** 

2102

12077 Reg. Dist. No. 215

	100				wed. Dis	1. 140,/
1. PLACE OF DEATH a. COUNTY		MARYLAND	O. STATE	here deceased lived. If ins b. COU	titution: Residenc	e before odmission)
Montgome			New Jersey			
b. CITY OR TOWN ( RURAL and give n	(If outside corporate limits, wri	te c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	oulside corporate limits, we	ite RURAL ond g	ive nearest town)
Bethesda		34 days	Newark -			67x-3
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, give str		d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
	val Hospital		407 18th A	wanna		YES NO X
3. NAME OF	First	Middle		4. DATE		
DECEASED (Type or print)	Freder	ick	Lost MARESCH	OF	Month	Doy Yeor 17 1959
5. SEX	6. COLOR OR RACE 7. N	ARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In y		YEAR IF UNDER 24 HRS.
Male	Caucasian WIDO	OWED DIVORCED	9-29-03	lost birthd	yrs. Months	Doys Hours Min.
	ON (Give kind of work done	10b. KIND OF BUSINESS OR INDU		or foreign country)		ZEN OF WHAT COUNTR
during most of wor	king life, even if retired)	II C Court	Mora Tox	GOTE.		.S.A.
State Dep	arument	U. S. Govt.	New Jer			.D.A.
Frederick	MADDOCATI		Louise VAI			
		16. SOCIAL SECURITY NO. 17. I	NFORMANT	4DIVITALE		
(Yes, no. or unknown)	(If yes, give war or dates of service)				Address	
Unknown			ospital Recor	ds		
	ATH [Enter only one couse pe	er line for (o), (b), and (c).]				INTERVAL BETWEEN
PART I. DEA	ATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Infarction, myoc	ardium			2 hours
204.	1	and				- 20020
Conditions, if o		Pericarditis				E do
gove rise to i						5 days
couse (o), stoting	1110 011001	Secondary to				
lying cause lost.		Leukemia, myelog				10 mos.
\$	The second	NS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	NAL DISEASE CONDITION	GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING	AS UNDERLYING 20b. I	DESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in	Part I or Part II of item 18	)	
	RY Month, Doy, Year 200	d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, farm	, 20f. (City or town)	(C	ounty) (Stote)
Hour a.m.		work of work	ctory, street, office bldg., etc	.)	4	
			1			
		eosed from January 1				
alive an Feb	ruary 17 , r	259, and that death	occurred at 9:50A	_M, from the cause	es and an th	e date stated above
	7-11			ADDRESS (Street, city or to		DATE SIGN
SIGNATURE	-t./ Hov	gran	Mn U. S. Na	val Hospital	. NNMC	2-17-59
		1	W. C. COLONIA DE LA COLONIA DE		7-210,020	
PHYSICIAN'S NAME (Type)	J. T. HORGAN	CDR MC USIN	Bethesda	, Maryland		
20. BURIAL CREMATIC	ON, 22b. DATE THEREOF	22c. NAME OF CEMETERY O		22d. LOCATION (City, to	wn. or county)	(Stote)
BUT 18 (Specify)	72-21-59	Fairmount		Nevark		Jersey
THINERAL THECTON		ADDRESS				
FUNERAL DIRECTOR	angelly	me. Rethesda Ma	240. REC		REGISTRAR'S SIGI	
A. A. Pumphr	ev Phneral/Ho	me. Bethesda Ma	DATIFE	3 1 9 '59	Thurs & ?	120UA



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1997 CERTIFICATE OF DEATH

02079

24b. REGISTRAR'S SIGNATURE

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240. REC'D BY REGISTRAR

DATE EB 1

Rea. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) a. COUNTY b. COUNTY MARYLAND aryland Montgemer b. CITY OR TOWN (If autside carporate limits, write RURAL and give neares) (www.) c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 pr,n d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE OR INSTITUTION ON A FARM? YES NOW Wanila NAME OF Middle 4. DATE Month Day Year DECEASED (Type or print) MISKE Koland DEATH 2 195 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days WIDOWED | DIVORCED [ yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired Butcher-Safeway Stores le. S.a. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Marks Samue 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address Marks NO ne 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) 420.0 DUE TO Conditions, if any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO T 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month. Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) factory, street, affice bldg., etc.) Haur a. m. While Not while at work at wark D. m 1957, that I last saw the deceased 21. I certify that I strended the deceased from and that death accurred at 950P alive on M, fram the causes and an the date stated above. ACTUAL PHYSICIAN'S Marvin L. Kolkin NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, tawn, or county) (State) REMOVAL (Specify) Buria Feb.10.1959 Welcome Grove Baptist Church Cemetery, Warsaw, Virginia

Inc. Silver Spring, Md.

VS A15 (4)

23. FUNERAL DIRECTOR'S SIGNATURE

Pumphrey

### MARYLAND STATE DEPARTMENT OF HEALTH-RASTIMORS,

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### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1998

### **CERTIFICATE OF DEATH**

02080

2000	<b>31</b> (11113)		Reg. D	ist. No.
1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deco	eased lived. If institutions Resides	nce befare admission)
Menicamery	MARYLAND		U. COUNT	1
	LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside c	orporate limits, write RURAL and	give nearest town)
RURAL end give nearest town	14 0215	Wash.	D.C.	47x-3
d. NAME OF HOSPITAL (If nat in haspital, give street ad OR INSTITUTION		d. STREET ADDRESS	1.1.6	ON A FARM? YES INO XI
Nashing on Janian			vasiby sim	
3. NAME OF DECEASED (Type or print)	Jehnson	Lost 4. DA		Day Year
5. SEX   6. COLOR OR RACE   7. MARRIEL		8. DATE OF BIRTH	9. AGE (In years IF UNDE	R TYEAR IF UNDER 24 HRS.
male White WIDOWED	7	2-12-87	last birthday) Manths.	Days Haurs Min.
10a. USUAL OCCUPATION (Give kind of wark dane 10b. Kli during mast af working life, even if retired)	ND OF BUSINESS OR INDUS	STRY 11. BIRTHPLACE (State or forei	gn country) 12. CI	TIZEN OF WHAT COUNTRY
Retired-Teachen	-	Ohio	(%)	merica
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
mahlon marsh		Lida	Johnson	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SC	DČIAL SECURITY NO. 17. IF	NFORMANT	Address	
Yes W.W.		70>0:131	records	
18. CAUSE OF DEATH [Enter only one cause per line	far (a), (b), and (c).]	V		ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)				
592 X DUE TO			AND SECURITY OF	- 1//
Canditions, if ony, which ) the WZ	min I V	11		24 hours
gave rise to immediate DUS TO		LF.	,	
lying cause last.	rome als	murulo nes	Usates.	3 years
PART II. OTHER SIGNIFICANT CONDITIONS CO	NTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DIS	SEASE CONDITION GIVEN IN PAI	RT 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	BE HOW INJURY OCCURRED	D. (Enter nature of injury in Part I or	Part II of item 18.)	
	lan lan		(City or town)	(Caunty) (State)
Haur a.m. While at wark [		tary, street, affice bldg., etc.)		•
21. I certify that I attended the deceased	from 12/20	19 59 to 2/1	4 1959 that (	last saw the decease
alive an 2/14 1959	/	accurred at 6 43 AM,	from the causes and an i	
			SS (Street, city or town, state)	DATE SIGNE
ACTUAL ON TO	>	40 7105 - Ro	P/	2/15/
SIGNATURE A SALES	my.	m.b	272 MI	
PHYSICIAN'S Hugh W. Irey	O	Hyattsvil	Me, Md.	
22g. BURIAL, CREMATION, 22b. DATE THEREOF 2/18/59 burial	22c. NAME OF CEMETERY OF Arlington	R CREMATORY 22d. 10 National Cem.	ocation (City, town, or county) Ft. Myer, V	(State)
23. FUNEBAL DIRECTOR'S SIGNATURE	ADDRESS	24a. REC'D BY RE	EGISTRAR 246. REGISTRAR'S SI	IGNATURE
Addings Ca 20	11/11/11/11	1/11/ EEB 17'5	9 0 0 0 0 0	

erol director, be filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shifthe registrar prior to burial, cremation, or removal, and in any event within 72 Mours after death. VS A15 (4) 15M 9/S5

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### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

02081

	ZIU4 CERIIFIC	CATE OF DEATH	Reg. Dist. No.
1.	PLACE OF DEATH  O. COUNTY  MARYLANI  MARYLANI	II O STATE	ed lived. If institution: Residence before admission) b. COUNTY Mantagometry
	b. CITY OR TOWN (If outside corporate finits, write RURAL and give nearest town)  SILVER SPRING  C. LENGTH OF STAY IN 1	b c. CITY OR TOWN (If outside corp	porote limits, write RURAL and give nearest town)
L	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION 8530 Second Avenue	8530 heren	e. IS RESIDENCE ON A FARM? YES NO.
3.	NAME OF DECEASED (Type or print) Wallam McLeo	d Martin 4. DATE OF DEATH	Month Doy Year 13 1959
5.	SEX  6. COLOR OR RACE  7. MARRIED NEVER MARRIED WIDOWED DIVORCED DIVORCED	1/1/20 11/20 .	9. AGE (In years lost bushdoy) Months Days Hours Min.
	b. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	DUSTRY 11. BIRTHPLACE (Stote or foreign	country)  12. CITIZEN OF WHAT COUNTRY?
13	Eharles L. mailin	14. MOTHER'S MAIDEN NAME	Graves
15		Miss Barbara	martin (daughter)
	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]  PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  DUE TO  Conditions, if any, which gove rise to immediate couse (o), stating the under-lying cause last.	my Throm	Purfaction
CERTIFICATION	PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH E		PERFORMED? YES NO
CERTIF	206. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCUS OF CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RRED. (Enter noture of injury in Port I or Po	rt II of item 1B.)
MEDICA	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. Haur a. ş1. p. m. 19 While of work of work	PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.)	y or town) (County) (State)
	21. I certify that I attended the deceased fram Daylor alive an 1935, and that deceased fram 1935, and		m the causes and an the date stated abave.  DATE SIGNED  ABANA MALE
22 B	P. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)  REMOVAL (Specify)  2/16/59  QAK HILL CEME		VION (City, Iown, or county) (State) HINGTON DC
23	FUNERAL DIRECTOR'S SIGNATURE ANDRESS SILVER SPRIN	240. REC'D BY REGIS	TRAR 24b. REGISTRAR'S SIGNATURE

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by TO FUNERAL DIRECT PAGE 3 should be a VS A15 (4) 15M 9/55

eral director, be filed with

may be retained by the haspital ar attending physician.

• FUNERAL DIRECT: After this certificate has been signed by the attending physician and campletely filled in by the page 3 shauld be rectached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 shat the registrar prior to burial, crematian, ar remayal, and in any event within 72 hours affer death.

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Section Con Contract		ab add balances & Bala	gitting II II'
			NAMES A
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# FOR STATE

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the ward "pending" in pendi in Item, 18. Give Poges 1, 2, and 3 to the funeral director. Page 4 should be forward to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for files.

TO FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages 1 and 2 with the State Board. Health, or its designated agent, prior to burial, cremation, or removal, and in any exect within 72 hours offer death.

VS. A15ME 5M 2/57

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 ATOM MEDICAL EXAMINER'S CERTIFICATE OF DEATH

6100	Reg, Di	st. No.
1. PLACE OF DEATH O. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Reside	nce before admission)
Montgomery MARYLAND	o. STATE Maryland b. COUNTY Mont	gomery
b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest lown)	c. CITY OR TOWN (If outside corporate limits, write RURAL and	
Bethesda 9 days	X Chevy Chase	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A EARM?
Suburban Hospital	4306 Leland Street	YES NO S
3. NAME OF DECEASED First Middle (Type or print) Lawrence Tudor	Matson Jean February 2.	Day Year 19 50
	8. DATE OF BIRTH 9. AGE IIn yours IF UNDER	TYEAR IF UNDER 24 HRS.
Male White WIDOWED DIVORCED	May 25, 1900   S8 yrs.   Months	Days Hours Min.
100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUS during most of working life, even if retired)	TRY 11. BIRTHPLACE (Slote or foreign country) 12. CITI	U.S.A.
Civil Engineer U.S. Info. Ag		0.0.1.
Matthew Lawrence Matson	14. MOTHER'S MAIDEN NAME Bessie Jones	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address	
No (If yes, give wor or doles of service) 443 \$24-5843	G ladys Gay Matson (wife)	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN ONSET AND BEATH
PART I. DEATH WAS CAUSED BY: Catdiac arrest		immediate
5 /6 X DUE TO		
Conditions, if ony, which by Status pestopera	tive	immediate
gave rise to immediate couse (a), stating the underlying DUE TO		
couse lost. (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT I	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(o) 19. WAS AUTOPSY PERFORMED?
Early generalized peritonitis		YES NO
Early generalized peritonitis    Cause of Death.   Part II. Other Significant Conditions Contributing to Death But II	Enter nature of injury in Part I or Part II of Hem 18.)	
20c, TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20e. PLA While Not while of work of work	ACE OF INJURY (Home, farm, 20f. (City or town) (Coutory, street, office bldg., etc.)	nty) (State)
21. I certify that I took charge of the remains described abo	ove, held on Autopsy X, Inspection . Inquir	y , and in my
apinion death resulted from: Natural causes 🔀, Accident		,
SIGNATURE Frank J. Broschent	M.D. CHIEF MEDICAL EXAMINER	DATE SIGNED
EXAMINER'S FLANK J. Broscheat	ASSISTANT MEDICAL EXAMINER   DEPUTY MEDICAL EXAMINER   ASSISTANT MEDICAL E	-57
220. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR REMOVAL (Specify)	CREMATORY 22d. LOCATION (City, lown, or county)	(State)
Burial 2/5/59 Nat. Mem. P	ark Falls Church, Vi	rginia
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIG	NATURE
Robert A. Pumphrey Bethesda, Mar	yland DATE FEB 5 '59 arithur S.	THAMA

Bethesda

9 days

Suburban

Matson Tudor Lawrence White May 25, 1900 Male Kansas City Civil Engineer Bessie Matthew Lawrence Matson G ladys Gay Mar Yes No

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Status portonerative (e.

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DEPARTMENT OF HEALTH—BALTIMORE, 18

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**CERTIFICATE OF DEATH** 

Reg. Dist. No.

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1	PLACE OF DEATH a. COUNTY MONTGOMERY MARYLAN	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STAJE b. COUNTY b. COUNTY Wontgenery
Γ	b. CITY OR TOWN (If outside carporate limits/write RURAL and give nearest town)	b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION GE12 CECAY Lane Bethesda	d. STREET ADDRESS 6. IS RESIDENCE ON A FARM?  19612 Cedar Lane YES NO
3.	NAME OF DECEASED (Type or print) E/12 abeth Ann	Mc Mahon Pearth February 7 1959
5.	SEX    6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   WIDOWED   DIVORCED	Months Days Hours Min.
10	o. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired)  U.S., Gove	Dist. of Columbia 12. CITIZEN OF WHAT COUNTRY
13	FATHER'S NAME William Mc Mahon	Mary Langan
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 (If yes, give war or dates of service)	7. INFORMANT Lewis Thomas - 9612 Cedar Lane, Beth
7	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  Conditions, if any, which gave rise to immediate couse (a), stating the under- lying cause lost.  DUE TO  Conditions of the under- lying cause lost.	of Breast with generalized metastases Il years
FICATION		BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO PART 1 (0) 19. WAS AUTOPSY PERFORMED. YES NO PART 1 (0) 19. WAS AUTOPSY PERFORMED. YES NO PART 1 (0) 19. WAS AUTOPSY PERFORMED. YES NO PART 1 (0) 19. WAS AUTOPSY PERFORMED. YES NO PART 1 (0) 19. WAS AUTOPSY PERFORMED. YES NO PART 1 (0) 19. WAS AUTOPSY PERFORMED. YES NO PART 1 (0) 19. WAS AUTOPSY PERFORMED. YES NO PART 1 (0) 19. WAS AUTOPSY PERFORMED. YES NO PART 1 (0) 19. WAS AUTOPSY PERFORMED. YES NO PART 1 (0) 19. WAS AUTOPSY PERFORMED. YES NO PART 1 (0) 19. WAS AUTOPSY PERFORMED. YES NO PART 1 (0) 19. WAS AUTOPSY PERFORMED. YES NO PART 1 (0) 19. WAS AUTOPSY PERFORMED. YES NO PART 1 (0) 19. WAS AUTOPSY PERFORMED. YES NO PART 1 (0) 19. WAS AUTOPSY PERFORMED. YES NO PART 1 (0) 19. WAS AUTOPSY PERFORMED. YES NO PART 1 (0) 19. WAS AUTOPSY PERFORMED. YES NO PART 1 (0) 19. WAS AUTOPSY PERFORMED. YES NO PART 1 (0) 19. WAS AUTOPSY PERFOR 1 (0) 19. WAS AUTOPSY PERFORMED. YES NO PART 1 (0) 19. WAS AUTOP
AL CERTI	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
MEDICAL	20c. TIME OF INJURY Month, Day, Year Hour a. ft. p. m. 19 20d. INJURY OCCURRED While Not while at work of work	PLACE OF INJURY (Home, farm, foctory, street, affice bldg., etc.)  (Caunty) (State)
1	21. I certify that I attended the deceased from Novemalive on February 6, 1959, and that de ACTUAL SIGNATURE I GMES W. Egan  PHYSICIAN'S Tames W. Egan  PHYSICIAN'S Tames W. Egan	ath accurred at 7 t. M., from the causes and an the date stated above ADDRESS (Street, city or town, stote)  M.D. 7720 Wisconsin Ave. Bethesda, MA.
	G. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 2/10/59 2. NAME OF CEMETER Mt. Olivet	(5.5.4)
23	FUNERAL DIRECTOR'S SIGNATURE INC. ADDRESS VER S	PRING, MD. 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE DATE FEB 1 0 '59 Cultury & Trans

TO HOSPITAL OR ATTENDING PHYSICIAM: The law requires that the death certificate be executed within 24 haurs after death. Page 4 the hospital or attending physician.

R: After this certificate has been signed by the attending physician and campletely filled in by the gloched for use as the burial-transit permit. Then please remova carbon papers. Pages 1 and 2 standard. crematian, ar remaval, and in any event within 72 faurs after death. TO FUNERAL DIRECT R
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the registrar priar to b VS A15 (4) 15M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF FOR STAT Rea. Dist. No. HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived. If institution: Residence before admission) a COUNTY MARYLAND mtaomero b. CITY OR TOWN (If outside corporate Jimin, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If putside corporate limits, write RURAL and give nearest town) d. NAME OF HOSPITAL -OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS Map NAME OF 4. DATE DECEASED DEATH February (Type or print) 26. 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 8. DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR Months WIDOWED | DIVORCED T 10g. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of warking life, even if retired) -13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 76. SOCIAL SECURITY NO. 17, INFORMANT 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: Fractures (two) of vertebral column with spinal IMMEDIATE CAUSE (o) cord compression, multiple rib fractures, skull DUE TO fracture DUE TO Trauma Conditions, if ony, which gove rise to immediate couse DUE TO (o), stating the underlying couse lost. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BETOOK RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19, WAS AUTOPSY Midshaft fracture of right femur and left hemothorax 200. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form 20f. (City or lown) 20c. TIME OF INJURY Month, Doy, Year (County) factory, street, office bldg., etc.) al work of work | Vacant Lat 1959 21. I certify that I taak charge of the remains described above, held an Autapsy XI, Inspection 17. apinian death resulted fram: Natural causes . Accident , Suicide . Hamicide . Undetermined manner ACTUAL M D CHIEF MEDICAL EXAMINER SIGNATURE 20 ASSISTANT MEDICAL EXAMINER 2-26-59 **EXAMINER'S** shauld FUNER NAME (Type) DEPUTY MEDICAL EXAMINER 220. BURIAL CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) 0 23. FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. ATSME

e. IS RESIDENCE ON A FARM?

YES NO

Yeor

IF UNDER 24 HRS.

CINSET AND DEATH

PERFORMED?

(Slote)

YES NO

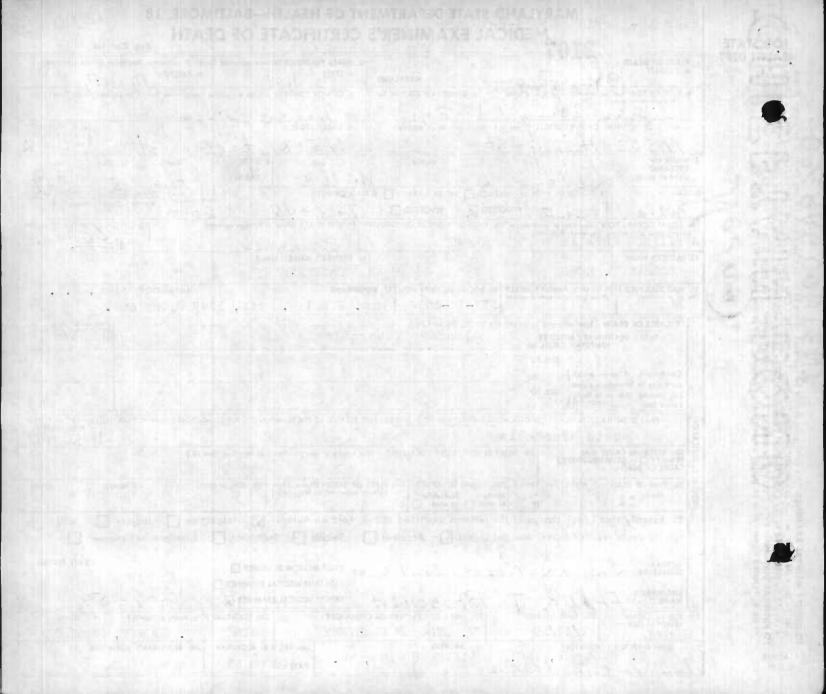
DATE SIGNED

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<b>1</b>	tems 18-21 Film 2 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
FOR STATE	Pag. Dist. No.
HEALTH DEPT	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
B . 4 (	6. COUNTY MARYLAND O. STATE IN & b. COUNTY monte
	b. CITY OR TOWN (If outside corporal limits, write RURAL   c. LENGTH OF STAY IN 1b   c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	Silver spring 3 mg 56 Selver Spring
or or	d. NAME OF HOSPITAL OR INSTITUTION of not in hospitol, give street oddress)  d. STREET ADDRESS  e. IS RESIDENCE
00 800	11 - 42 4 N ON A FARM?
oth.	2 NAME OF
de si	DECEASED
the be	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In yeors IFUNDER TYEAR IF UNDER 24 HRS
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hou hou	TO LICENS OCCUPATION (C. L.
2. 2. oge oge oge oge oge oge oge oge og	during most of working life, even if relied)  SEARS  RINDUSTRY  II. BIRTHPLACE (Stote or foreign country)  PLIANCE REPAIRMAN  SEARS
in the	Centrality
Poge PAGE Int with	ROBERT T. MEWS JANE EXELBY
a E o E o	- Contract and Additional Contract and Contr
19 2 2 3	(Yes, no, er unknown)   [If yes, give war or dates of service)
8. F. F. C.	
ad per	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), ond (c).]  PART I. DEATH WAS CAUSED BY:  Pulmonary Tuberculosis  United at Between United Basin Death United Basin Death United Basin Death
is is the	IMMEDIATE CAUSE (o)
Hon Hon	OO2X DUE TO
o O O O	Conditions, if ony, which (b) gove rise to immediate couse
o d d d d d d d d d d d d d d d d d d d	(a), stoting the underlying DUE TO
E C C C	couse lost. (c).
Exc od o od o	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
los de la constante de la cons	Acute Alcoholism YES NO
d bedi	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? PERFORMED? PERFORMED? PERFORMED? NO DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 11 of item 18.)
out out	
Chit	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not while of work of w
ge e p	
Pod	21. I certify that I took charge of the remains described above, held an Autopsy 📈, Inspection 🗌, Inquiry 🔲, and in my
S S S S S S S S S S S S S S S S S S S	opinion death resulted from: Natural causes [ ], Accident [ ], Suicide [ ], Homicide [ ], Undetermined manner [
U P	4 10 0
P aferti	SIGNATURE TRANSPORT AND CHIEF MEDICAL EXAMINER DATE SIGNED
be ign	EXAMINER'S TO A SSISTANT MEDICAL EXAMINER   OF THE STATE
dered	NAME (Type) FLANK J: 13/08/12/7 DEPUTY MEDICAL EXAMINER 12 2-7-59
5 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	220. BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote)
9 4 0 p	BURIAL 2/12/59 FT. LINCOLN CEMETERY PRINCE GEO. COUNTY, MARYLAND
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR'S SIGNATURE

Orthun & Knaus

VS. A15ME 5M 2/57



TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained. The hospital or attending physicion.

TO FUNERAL DIRECTA: After this certificate has been signed by the ottending physician and completely filled in by the page 3 should be detached for use as the burial-transit permit. Then please remove cashon popers. Pages 1 and 2 stather registrar prior to burial, cremation, or removal, and in any event within 72 hours offer death.

VS A1S (4) 1SM 9/5S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 2108

**CERTIFICATE OF DEATH** 

Reg. Dist. No.						
2. USUAL RESIDENCE (Where deceosed lived. If institution: Residence before admission	)					
ID II						
1b c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)						
ON A FA	ARM?					
MEYERS DEATH February 18 196						
8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER	24 HRS.					
April 15, 1876 82 yrs.	Min.					
NDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT CO	DUNTR					
Poland U.S.A.						
14. MOTHER'S MAIDEN NAME						
Anna Litke						
7. INFORMANT Address						
Mrs. Jennie Meyers 7925 Chicago Ave., S.S.	Md					
INTERVAL BETWONSET AND DI						
2-3~-1	ein					
610 X DUE TO						
tion benian +clinisproprenduto + vila	-					
BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AU	TOPSY					
	NO A					
JRRED. (Enter noture of injury in Part I ar Part II of item 18.)	3					
e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County)	(Stote)					
factory, street, office bldg., etc.)						
p. m. 19   at work   of work						
alive on Felc 17 , 1959 , and that death accurred at 10 a. M, fram the causes and an the date stated above						
2000 00 0000 1 1000						
w.b.	+					
0/12 0 2 122 02 022						
8641 Colesville Rd., Silver Spring, Mc						
RY OK CKEMATORY 22d. LOCATION (City, town, or county) (State)						
Memorial Garden Falls Church Virgini	.8.					
240 PECID BY REGISTRAR 246 REGISTRAR'S SIGNATURE						
W. FEB 2 4 59 Chiller S. Halles						
	2. USUAL RESIDENCE (Where deceosed lived. If institution: Residence before admission o. STATE  Maryland  B. COUNTY  Montgomery  C. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)  6. SILVER Spring,  d. STREET ADDRESS  7925 Chicago Avenue  Lost  A. DATE DEATH February  DEATH February  18 195  19 April 15 1876  B. DATE OF BIRTH  10 April 15 1876  REYERS  11 April 15 1876  B. DATE OF BIRTH  12 AGE (In years life UNDER I YEAR IF UNDER I VEAR I V					

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# TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4 may be retained the hospital or attending physician. TO FUNERAL DIRE Attention of attending physician. TO FUNERAL DIRE Attention of sertificate has been signed by the attending physician and campletely filled in by the page 3 should be detached for use as the burial-transit permit. Then please remove carbon pages 1 and 2 should be detached for use as the burial-transit permit. Then please remove carbon pages 1 and 2 should be detached for use as the burial-transit permit. Then please remove carbon pages 1 and 2 should be detached for use as the burial-transit permit.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2109 **CERTIFICATE OF DEATH**  02087

Reg. Dist. No.

1. PLACE OF DEATH  o. COUNTY  MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission)  o. STATE  b. COUNTY
b. CITY OR TOWN If outside corporate limits, write c. LENGTH OF STAY IN 1b RURAL and give nearest lawn)	c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)
Betheoda Haws	Washington 47x3
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION	d. STREET ADDRESS   o. IS RESIDENCE ON A FARM?
Subirban	H652 Wiscasin AUE, YES NO
3. NAME OF First Middle  OFCEASED (Type or print) Flizabeth Funces	Lost 4. DATE Month Doy Year OF DEATH 2 4 195 9
5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
F WIDOWED [] DIVORCED []	5-7-77 lost birthday) Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU	JSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
during most of working life, even if retired)	Virginia U.S.
13. FATHER'S NAME	14. MOTHER'S MATDEN NAME
James Robert mills	Long
	INFORMANT NECCU Address mo
(Yes, no. or unlegging) (If yes, give wor or dates of service)	extha Brown 41911min Blut & Silver So
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	PNEW MONIA
465 X DUE TO	11/ Par mon 1/4
Condition it and which PLENRAI	EFF nsion.
gave rise to immediate DUE TO	D.77
lying couse lost.	BV EMBOLISM
	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN, IN PART 1(0) 19. WAS AUTOPSY
E ne de la la Cater	performed?
20g. ACCIDENT WAS UNDERLYING TO 20b. DESCRIBE HOW INJURY OCCURRE	ED. (Enter nature of injury in Part I or Port II of item 18.)
OR CONTRIBUTING CAUSE OF DEATH	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Year Not while of work of work of work	LACE OF INJURY (Home, form, 20f. (City or town) (County) (State) actory, street, office bldg., etc.)
p. m. 19 of work of work	
21. I certify that I attended the deceased fram.	20, 1959, to Feb 7, 1959, that I last saw the deceased
olive on 2-7-59, 19 and that death	h occurred of 63/3/M, from the causes and on the date stated above.
00 = 1	ADDRESS (Street, city or town, state) DATE SIGNED
SIGNATURE J. Contral wa	MO. 4201 FESSENDEN STN.W.
PHYSICIAN'S P. P. ANDREWS M.D.	WASHINGTON D.C.
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY C	DR CREMATORY 22d. LOCATION (City, Jown, or county) (Stote)
Dunial 2/10/39 Hamilton	Va Hamilton 19
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
(Idams tunesal forme 4748- We	es and DATE FEB 1 1 '59 arihur & Krous

	CERTIFICATE OF DEATH	
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		Company Company

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### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 2014

CERTIFICATE OF DEATH

02088

	WU13	CERTITIO	AIL OI DLAIII	Reg. I	Dist. No.
	i. PLACE OF DEATH  o. COUNTY  Nontgomery	MARYLAND	2. USUAL RESIDENCE (Where decea o. STATE Maryland	b. COUNTY	ence before odmission)
	b. CITY OR TOWN (If autside carporate limits, write RURAL and give rearest tawn)  ROCKVILLE	c. LENGTH OF STAY IN 16  3 years	c. CITY OR TOWN (If outside cor Rockville	porate limits, write RURAL on	d give nearest tawn)
	d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION 419 Park Road	oddress)	d. STREET ADDRESS 419 Park Road		e. IS RESIDENCE ON A FARM? YES NOTE
	NAME OF DECEASED (Type or print) ROBERT	W. MIL	Lost 4. DATE OF DEAT	Month H February 24	Day Year 1, 1959
	5. SEX 6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED	B. DATE OF BIRTH	1 1 1 1 1 1	ER I YEAR IF UNDER 24 HI
	Male White widow	ED DIVORCED	Oct. 27, 1891	67 yrs. Months	27 Hours Min
	<ol> <li>USUAL OCCUPATION (Give kind of work dane during mast of warking life, even if retired)</li> </ol>		JSTRY 11. BIRTHPLACE (State or foreign	country) 12. C	ITIZEN OF WHAT COUNTR
		Railroad	Maryland		USA
	3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
	John L. Mills	COCIU CECUE	Margaret		
	5, WAS DECEASED EVER IN U. S. ARMED FORCES?   16.   (Yes, no, or unknown)   (If yes, give war or dates of service)	SOCIAL SECURITY NO.	INFORMANT	Address	
	No	None M	rs. Sadie Johns	on-sister-s	ame as 2d
	18. CAUSE OF DEATH [Enter only one cause per li PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO	me for (o), (b), and (c).] Myscarde	il Infurtion		INTERVAL BETWEEN
	Canditians, if any, which gove rise to immediate couse (a), stating the <u>under-lying cause last.</u>	coronary	Thrombosis		12 hrs
	PART II. OTHER SIGNIFICANT CONDITIONS  20g. ACCIDENT WAS UNDERLYING  20g. ACCIDENT WAS UNDERLYING  20g. CONTRIBUTING  CAUSE OF DEATH  UT IF EITHER, NOTIFY MEDICAL EXAMINER	CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMINAL DISE	ASE CONDITION GIVEN IN PA	ART 1(o) 19. WAS AUTOPS PERFORMED? YES NO
	20a. ACCIDENT WAS UNDERLYING ACCOUNTIES OF DEATH OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURR	ED. (Enter nature af injury in Part I ar P	art II af item 18.)	
	20c. TIME OF INJURY Manth, Doy, Year 20d. I Haur a. m. 19 While of war	Nat while fo	LACE OF INJURY (Hame, form, 20f. (Coctory, street, office bldg., etc.)	ity ar tawn)	(Caunty) (Sto
	21. I certify that I attended the decease alive an 2/24/, 19.4  ACTUAL SIGNATURE		n accurred at 9:16 A M, fran ADDRESS	,	last saw the decease he date stated above DATE SIGN 2/24/55
	PHYSICIAN'S Stephen Jones	Rockville, M	<b>Taryland</b>		
	220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) 2/26/59	22c. NAME OF CEMETERY C		CATION (City, town, or county	(State)
14	B. FUNERAL DIRECTOR'S SIGNATURE  Robert A. Pumphrey	ADDRESS	arvland Date 25 59	ISTRAR 24b. REGISTRAR'S	

may be retained. The haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by th page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 sh the registrar priar to burial, crematian, ar remaval, and in any event within 72 haurs after death. ENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs af TO HOSPITAL OR may be retained VS A15 (4) 15M 9/5B

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vietnojane)/.	bouty and section	stationistic (		
	ellivilog en en en en	Rockville		
	back Hord Ule	osofi Are Peir		
B. VERBER 24,	W. William	THE THEOR		
		Maie White		
A Display		M. LOUISTIN SATERAL		
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65 No CAMPAC TILLS-	ena tra sulla language			
	Carlo Car			
2/24/58	A market or the same is	1 1819 So 1131		
	Rousville, Maryland	Supher Jones -		
TENANT . LES		renew lafter		
	Sunfecial galeur ex	e verifie in religion de		

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If any delay is necessary, please execute the certified, writing the word "pending" in pendi in Item, 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be formed to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board. Health, or its designated agent, prior to burial, cremotian, ar removal, and in any event within 72 hours after death.

VS. A15ME 5M 2/57

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FOR ST	WIE
HEALTH	DEPT.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 211 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	60 22 3				Keg.	DIST. NO.
1. PLACE OF DEATH a. COUNTY				(Where deceased live		idence before admission)
	ontgomery	MARYLAND	o. STATE b. COUNTY Montgomery			
b. CITY OR TOWN (If and give nearest town)	autside corporate limits, write RUE	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)			
	ethesda	½ hour	X Bethe	sda		
		t in hospital, give street address)	d. STREET ADDRESS			e. IS RESIDENCE
Sub	urban Hospit	81	1427	Bradley L	ane	ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First	Middle	Milton	4. DATE OF DEATH	Month February	Day Year 14. 19 59
5. SEX			DATE OF BIRTH	9. AC	E (In years   IFUND	ER TYEAR IF UNDER 24 HRS.
Nale		DOWED DIVORCED	May 7, 189	7 tost	61 yrs. Manths	Days Hours Min.
during most of working	IN (Give kind af wark dane g life, even if retired)	106. KIND OF BUSINESS OR INDUST	TRY 11. BIRTHPLACE (Sign	e or foreign country	12. C	ITIZEN OF WHAT COUNTRY?
Clerk		Carriers Drug St			U	. S. A.
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME		
	1 il ton		Mary Anna	M ossbur	ger	
	ER IN U. S. ARMED FORCE: (If yes, give war or dates of service		Wife - M	archa.	P. Multor	- Same as 2
18. CAUSE OF DEAT	TH [Enter only one couse p	er line for (a), (b), and (c).]	17.00			INTERVAL BETWEEN
	H WAS CAUSED BY:	Comproses coals	nai an			ONSET AND DEATH
11100	IMMEDIATE CAUSE (a)	Coronary occl	USION			½ hr.
420,	/ DUE TO					
Canditions, if ar						
(o), stating the u	Direct SO					
cause last.	(c)					
PART II, OTH	ER SIGNIFICANT CONDITI	ONS CONTRIBUTING TO DEATH BUT N	NOT RELATED TO THE TERM	MINAL DISEASE CON	IDITION GIVEN IN PA	ART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 2
PART II, OTH  200. EXTERNAL CAU PRIMARY D or CON CAUSE OF DEATH.	SE WAS STRIBUTING (1) 206. D	ESCRIBE HOW INJURY OCCURRED. (E	Enter nature of injury in Pa	ort 1 or Part II of Iter	n 18.)	
20c. TIME OF INJUR Haur a. m. p. m.	RY Month, Doy, Year	20d. INJURY OCCURRED 20e. PLA While Nat while of work	CE OF INJURY (Home, for ary, street, affice bldg., et	m, 20f. (Cily or to	wn) (C	County) (State)
		the remains described abo	ve held on Auton	ev 🗍 Inspe	tion 1 Inqu	piry X, and in my
				-		
opinion death	resulted from: Nat	ural causes x Accident	, Suicide ,	Hamicide	Undetermined	manner
ACTUAL SIGNATURE	Frank Dr	Broschant	M.D. CHIEF MEDICAL I	EXAMINER		DATE SIGNED
	1		ASSISTANT MEDI	CAL EXAMINER		
EXAMINER'S NAME (Type)	Frank J Bros	schart	DEPUTY MEDICAL	L EXAMINER -	2/15,	/59
220. BURIAL, CREMATION REMOVAL (Specify)	2-18-59	Parklawn Ce			omery Co	
Burlal				O BY REGISTRAR	24b. REGISTRAR'S	
23. FUNERAL DIRECTOR	t A. Pumph	rey Bethesda,	Md. FE	B 1 8 '59	arthur &	2.4

HIRARE ROWANIES CERTIFICATIONS & c. CH CTAROPUTO Carried Control Oct. N. All Pumphrey Beinesda, Id.

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death.: Page 4	may be retained by the haspital or attending physician.	TO FUNERAL DI TOR: After this certificate has been signed by the attending physician and completely filled in by	page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 Mould be filed with	the registrar prior to burial, crematian, ar remaval, and in any event within 72 boars after death.
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VS A1S (4) 1SM 9/S5

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
2111 CERTIFICATE OF DEATH

2111

Reg. Dist. No. 12(191)

1. PLACE OF DEATH g. COUNTY	ontgomerv		MAR	YLAND	2. USUAL RESIDE	NCE (Who		lived. If instituti b. COUNTY		nce befo	re odmissi	ion)
b. CITY OR TOWN	(If outside corporate limi	ts, write	c. LENGTH OF STAT	IN 1b		-		ote limits, write R	URAL ond	give ne	arest town	)
RURAL ond give	negresi fown) Bethesda		25 day	g		SHINO				11	74	3
d. NAME OF HOSE	PITAL (If not in hospital, o	ive street	A CONTRACTOR OF THE PARTY OF TH	5	d. STREET ADS		21011				e. IS RES	IDENCE
OR INSTITUTION	Suburban	11 11			1508	/. /. t.h.	St.					FARM?
3. NAME OF	Fir		Middle		lost	444 044	4. DATE	Mor	ath	Do		Year
(Type or print)	Or		S.		Moise		OF DEATH		eb.	15	•	19 59
5. SEX	6. COLOR OR RACE	7. MARS	RIED ENEVER MARR	IED 🔲	8. DATE OF BIRTH			9. AGE (In years last birthday)	IF UNDE		-	R 24 HRS.
Female	White	WIDOW	ED DIVORCE	ED 🗌	2/14/8	\$/6/ ]	1886	73 yrs.		Days	Hours	Min,
10o. USUAL OCCUPAT	ION (Give kind of work orking life, even if retired	done 10b.	KIND OF BUSINESS	OR INDU	STRY 11. BIRTHPLAC	CE (Stote o	or foreign co	untry)	12. C	ITIZEN C	OF WHAT	COUNTRY
	arang me, even ii remed					G	eorgia	3.		1	T.S.A	
13. FATHER'S NAME					14. MOTHER'S M	AIDEN N	AME					
	J.H. Spi	lm ar	1				Margan	ret. Bis	inem			
15. WAS DECEASED E	PER IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO	D. 17. II	NFORMANT				Iress		-	
(16), 10, or simporty	(it yes, give wor or outside or s											
18. CAUSE OF D	EATH [Enter only one co	use per li	ne far (a), (b), and (c)	.],				_	1 -		ERVAL BE	
PART I. DI	EATH WAS CAUSED BY:	N	letasta	tic	Melan	am	a at	Dons	1/5h	ON	SET AND	IN OA
190.	UE TO		i+1 in a	00	alegia	0-71	1	100,04	1/1	7		ALCHU-L
Conditions, if	ony, which )	, ~	IIM pu	1.01	pregra							
gove rise to	immediate (				1 10	. 1		,				
couse (o), statin	g the under-	I'm	mary My	1/101	hant M	0/01	holma	045	cal	0 4	TV	15
PART II. O	THER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DE	ATH BUT	NOT RELATED TO T	HE TERMIT	NAL DISEASE	CONDITION GIV	VEN INPA	RT 1(a)	9. WAS	AUTOPSY
1) Can	d paralys	515	17 11/1/n	2611	hladdo	10						NO X
200. ACCIDENT V	VAS UNDERLYING	20b. DES	CRIBE HOW INJURY	CCURRE	D. (Enter nature of i	njury in P	ort I or Port	Il of item 18.)				بمر
PART II. O	Y MEDICAL EXAMINER)	_	4-		-1							
	JRY Month, Doy, Ye	or 20d. II	NJURY OCCURRED	20e. PL	ACE OF INJURY (Ho	me, form,	20f. (City	or town)		(County)		(Stote)
20c. TIME OF INJU	10	While of wor	Not while	for	ctory, street, office b	oldg., etc.		E divinioning		,,		
				1		-	- 6 2		3			
	that I oftended the	deceas	-0			The Street or		,				
alive on	-£-A-/5-	, 12_	2_7_, ond tho	t deoth	occurred of					the do	te stote	d above
ACTUAL	1 Com	1	DOB Wh		20	201	ADDRESS (SIT	eet, city or town,	state)	1	- /	TE SIGNE
ACTUAL SIGNATURE	A COUNTY	V	WY (VIII)		M.D	d=	1-19	smar.	Q/-è		E-0-	7777
PHYSICIAN'S NAME (Type)	Stewo	17	Clap	0	w	a 5	6/	5-DC				
220. BURIAL, CREMAT		OF/	22c. NAME OF CEA	AETERY O	R CREMATORY		22d. LOCATI	ON (City, town,	or county)	, ,	(Stote	e)
REMOVAL (Specif	2/18/	159	IARLIN	1GT	ON NAT	(	Ai	RLINGT	TON	YA	17	
23. FUNERAL DIRECTO	PR'S SIGNATURE	/	ADDRESS		1 DR. 2	40. REC'E	BY REGISTR	RAR 24b. REGI	STRAR'S	IGNATU	RE	
toreph	+ Beache	56/1/5	30341	175	+ KW. C	ATER	1750					
						1		Color	M. A. 1	naus		

CHARGE OF THE SECRETARY OF TRANSPORT OF THE SECRETARY OF COLUMN TRANSPORT DE LA SCHIEF PUR PROPERTO DE LA

2001	CERTIFICATE	OF	DEAT
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CERTIFIC	ATE C	OF D	EATH
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Bethesda, Maryland DATE FEB

Reg.	Dist.	No.	1	1000	2	()	9	
			-					

1. PLACE OF DEATH O. COUNTY  MARYLAND  MARYLAND  D. CITY OR TOWN (If outside corporate limits, write RURAL and give in RURAL and give in acrest town)  TAXDAR BAYK  D. NAME OF HOSPITAL (If not in hospital, give street address)  2. USUAL RESIDENCE (Where deceased lived, If institution; Residence be o. STATE  D. CITY OR TOWN (If outside corporate limits, write RURAL and give in RURAL and gi	nemety
b. CITY OR TOWN (If outside corporate limits, write RURAL and give in TAXONA GARK 24-59 13:35 AM Bethesda	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give in RURAL and give nearest town)  TAKOMA GARK  C. LENGTH OF STAY IN 1b  C. CITY OR TOWN (If outside corporate limits, write RURAL and give in RU	7
TAXOMA GARK 2-4-59 12:35 AM X Bethesda	fearest town)
	. IS RESIDENCE
OR INSTITUTION	ON A FARM?
Washington Sonitarium + Hospital 4714 Franklin St.	YES NO
3. NAME OF First Middle Lost 4. DATE Month	Day Yeor
(Type or print) Phoebe ANN NIOTE DEATH FEBRUARY	4 1959
	AR IF UNDER 24 HRS
Months Days	
70 / 10 /	
100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)  12. CITIZEN	OF WHAT COUNT
own home S.C. Print	El State
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	, ,
6 1 Jack of ammons Bertie derlas	
[ [17 yes, give wor or dates of service]	rd office
None Chart Washington San JA	YUSA,
	TERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	NSET AND DEATH
immediate Cause (a) Left Cirilial hemorrhage with	
330 × DUE TO 1. 1111 + 4	. 11
Conditions, if ony, which) (b) massive bubdural, nemaloma 1	leveral de
gove rise to immediate couse (o), stating the under.	
1 lying course lost. (1) Probably, dissolo highwich angurume	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	PERFORMED?
	NO NO
20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CO	
20c. TIME OF INJURY Month, Day, Year Hour o. m. 19 Of while of work of otwork of work	y) (State)
Hour o. m.  While Not while factory, street, office bldg., etc.)	
= 10 = 114	
21. I certify that I attended the deceased from 1-eb, 2, 1959, to Feb 4, 1959, that I last	saw the decease
alive on Feb. 3, 19 57, and that death occurred at 12.35 AM, from the causes and an the d	late stated above
ADDRESS (Street, city or town, state)	DATE SIGN
2 James 180 A-11 N N	2/1/50
SIGNATURE SIEMMES (1, MOVES, Jr. M.D.	4/4/29
BUYERIANIE	
NAME (Type) Bennett A. Porter, Jr. 9301 Golesville Rd. Silver	: Spring.
220. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county)	(Stote)
Bur-Transit 2/7/59  Mt. Hope Cemetery Florence, S. Car	olina

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4

Robert A. Pumphrev

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	Section		
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			3-813-910
			Mingo no Report Americana Mingo no Mingo Mingo no Report Mingo no Re
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	nad .obsuded		A TOTAL SECTION

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 02092Reg. Dist. No. 215 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) e. IS RESIDENCE ON A FARM? YES NO Yeor February 1959 IF UNDER 1 YEAR IF UNDER 24 HRS Months Days Hours 12. CITIZEN OF WHAT COUNTRY U.S.A. Takoma Park Joseph F. MUDD 225 Grant Ave. Maryland INTERVAL BETWEEN ONSET AND DEATH odan PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO (County) (Stote) 21. I certify that I attended the deceased fram January 1 , 19 59, to February 8 , 19 59, that I last saw the deceased \_\_\_, and that death occurred at 7:30 AM, from the causes and an the date stated above. DATE SIGNED 22d. LOCATION (City, town, or county) (Stote) VA. 24b. REGISTRAR'S SIGNATURE GATEB arthun 8 Warner & Langer Streem V

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ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page

	211:	CERT	TIFICA	TE OF DEAT	Н		Reg. Dist.	No.	93
1. PLACE OF PEATH	gomery	MA	RYLAND	2. USUAL RESIDENCE (W	ÿland	d lived. If institution b. COUNTY	Montg	efore odmis COMET	y y
b. CITY OR TOWN ( RURAL and give n	If outside corporate limit leares Spring	c. LENGTH OF STA	AY IN 1b	c. city or town (if Silver	Spri	orate limits, write R	URAL and give	nearest tow	n)
d. NAME OF HOSPI 8320 TON	TAL (If not in hospital, gi th Street	ve street oddress)		/ 8320 16t	h Str	eet			SIDENC A FARM
3. NAME OF DECEASED (Type or print)	Arthu	Reuben My	rs,	Gr. lost	4. DATE OF DEATH	Februa	ry 25	,°1′959	Year 19
s. sex male	Tihita	7. MARRIED NEVER MAR WIDOWED DIVOR	RIED   8.	7/10/95		9. AGE (In years lost birthday) 63 yrs.	Months Do		-
Retired	king life, even if retired)	one 10b. KIND OF BUSINESS ineer	OR INDUST	Portsmou	_	ountry)	12. CITIZE	OF WHAT	COUN
Calvin	Baysue My	ers		Eleano		ex			
15. WAS DECEASED EVE (Yes, no. or unknown)	ER IN U. S. ARMED FORG (If yes, give war or dates of se	TES? 16. SOCIAL SECURITY N	17. INF	ORMANT		Add	ess		
Conditions, if a gave rise to i cause (a), stating lying cause last.	the under-	Cardian Correspondentes Contributions Contributions Contributing to the Contributions	Dele DEATH BUT N	resis or RELATED TO THE TERA	MINAL DISEAS	E CONDITION GIV		8 y les	AUTOI ORMED
20g. ACCIDENT W	AS UNDERLYING CONTROL CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY	OCCURRED.	(Enter nature of injury in	Part I or Par	t II of item 18.)		YES 🗌	NO
ZOC. TIME OF INJUR Hour o. m. p. m.	RY Manth, Day, Yea	20d. INJURY OCCURRED While Not while of work of work	20e. PLAC focto	E OF INJURY (Home, far ry, street, affice bldg., et	m, 20f. (City	or town)	(Cour	ity)	(St
21. I certify all alive on 4	Blua		mon death of	, 1950, to 1/2 occurred at 6127	P.M. fran		nd an the	date state	
PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATIC REMOVAL (Specify)	2/20/59	1/4RD/ROD	METERY OF C	837B CREMATORY emetery	27d LOCA	CINTS, Ilon (Ciry. town, Clanta,	SilvE	2 SPIRI	1)6 1e)
POMOVA 23. SUNERAL DIRECTOR		ADDRESS		1 1 1	D BY REGIST		TRAR'S SIGNA	TURE	

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	THE RESIDENCE OF SECURITIES OF	
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#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

#### CERTIFICATE OF DEATH

00758

Dist. No.

> _		2114		QEICTII.			•		Reg. Di	st. No.	
	PLACE OF DEATH o. COUNTY	MONTGOM	ERY	MARYLA	- 11	o. STATE MARYI		d lived. If institution b. COUNTY		TGOMI	
	b. CITY OR TOWN (IF RURAL and give new SILVE	outside corporate limit arest town) R SPRING	ts, write	5 yrs.	16	c. CITY OR TOWN (IF	outside corpo CR SPRI		URAL and	give neare	st fown)
6	d. NAME OF HOSPITA OR INSTITUTION	AL (If not in hospitol, g 705 RITCHI				d. STREET ADDRESS 705 RITCH	IE AVE	NUE			IS RESIDENCE ON A FARM? (ES NO (3)
3.	NAME OF DECEASED (Type or print)	Fin CHAR		Middle H. A.	N	Lost AECKER	4. DATE OF DEATH	Mon FE		Day 3	Yeor 19 59
5.	SEX MALE	6. COLOR OR RACE WHITE	7. MARRIE	D NEVER MARRIED  DIVORCED	-	DATE OF BIRTH		9. AGE (In years lost birthday) 84 yrs.	IF UNDER Months		UNDER 24 HRS. Hours Min.
10	o. USUAL OCCUPATIO during most of worki PIANO TUNE	ing life, even if retired		N BUSINESS	INDUSTR'	MARYLAND		ountry)		U.S.	WHAT COUNTRY
13.	FATHER'S NAME AUGUST NAE	CKER				KATHERINE		CHER			
	WAS DECEASED EVER	IN U. S. ARMED FOR			17. INFO	John G. Lo	rz, 70			w.a	
	PART 1. DEAT  LL LL 3 X  Conditions, if on gove rise to in couse (o), stoting to lying couse lost.	he <u>under-</u>		Pulm Pulm	Br on dsi	ary le ve lan	len	a cula	Bise	ONSE!	ilay
FICATION	6	absces	2 1	Barote	da	or related to the tera	7		EN IN PAR		WAS AUTOPSY PERFORMED? (ES NO L
AL CERTI	(IF EITHER, NOTIFY	CAUSE OF DEATH			0	Enter nature of injury in					
MEDICAL	Hour o. m.	Y Month, Day, Yes	While	Nat while of work		OF INJURY (Home, far y, street, affice bldg., et		r or rown)		County)	(Stote)
	alive an	at 1 attended the	deceased 195	ma .	eath a	., 1924, to coursed at 1022			and an t		the decease stated above
/	PHYSICIAN'S NAME (Type)	RALPH	FH	ATTEN	147	Selv	- (II (I	pren	ma	l	730
22	o. BURIAL, CREMATION REMOVAL (Specify) BURIAL	2/7/59		22c. NAME OF CEMETI			PRIN	TION (City, town,		Y, M	(Stote) RYLAND

TO HOSPITAL OR 0

ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 the board or attending physician

ADDRESS SILVER SPRING, MD. 240. REC'D BY REGISTRAR DATE FEB 5

24b. REGISTRAR'S SIGNATURE

arthur S. Frank

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### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

02094

	21	15	CEKTIF	ICAI	E OF DEAT	Н		Reg. Di	st. No		
1. PLACE OF DEATH o. COUNTY	o mir		MARYLA		USUAL RESIDENCE (V	Where deceased	lived. If institut	ion: Resider	nce befo	ore admiss	sion)
b. CITY OR TOWN	(If outside corporate lim	its, write	c. LENGTH OF STAY IN	1b	c. CITY OR TOWN III	f outside corpo	cote limits write i	LIPAL and	cive se	ocast town	nl /
						Reg. Dist. No.  ENCE (Where deceased lived. If institution: Residence before admission)  ict of Columbia  DWN (If outside corporate limits, write RURAL and give nearest town)  Ington  DORESS  Kenilworth Avenue, N. E.  4. DATE OF DEATH  9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.    OST   Iost buildhoby)  Who the Carolina  WAIDEN NAME  WILLIAMS  WAIDEN NAME  WILLIAMS  WAIDEN NAME  WILLIAMS  WAIDEN NAME  WILLIAMS  WILLIAMS  THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)   19. WAS AUTOPSY PERFORMED? YES NO    Injury in Port I or Port II of item 18.)  THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)   19. WAS AUTOPSY PERFORMED? YES NO    Injury in Port I or Port II of item 18.)  THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(b)   19. WAS AUTOPSY PERFORMED? YES NO    Injury in Port I or Port II of item 18.)  THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(b)   19. WAS AUTOPSY PERFORMED? YES NO    Injury in Port I or Port II of item 18.)  THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(b)   19. WAS AUTOPSY PERFORMED? YES NO    Injury in Port I or Port II of item 18.)  THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(b)   19. WAS AUTOPSY PERFORMED? YES NO    Injury in Port I or Port II of item 18.)					
d. NAME OF HOSE	PITAL (If not in hospital,	give street			d. STREET ADDRESS	)[1	hefren /	X-D		e before admission)  ive nearest town)  e. IS RESIDENCY ON A FARMY YES NO [  Day Year  25, 19 5  YEAR IF UNDER 24 H Days Hours Min  ZEN OF WHAT COUN  S.A.  Maryland  INTERVAL BETWEEN ONSET AND DEATH ONSET AND DEATH ONSET AND DEATH  interval are to the deceder of the deceder o	SIDENCE
The Clin		Beth	MARYLAND    2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)   0.51ATE   10.51ATE   10.51ATE								
3. NAME OF DECEASED					Last	4. DATE	Moi	nth .	Dr	DY.	Yeor
(Type or print)	A1	lean	Lorrain	ne	Neal	DEATH	Fe	bruar			19 59
5. SEX		_					9. AGE (In years				
Female	Negro	WIDOWI	DIVORCED [	☐ Ma	y 26, 1925		lost bighdoy)	Months	Doys	Hours	Min.
Og. USUAL OCCUPAT	ION Give kind of work	done 10b.	KIND OF BUSINESS OR			te or foreign co		12. CII	TIZEN C	DF WHAT	COUNTR
Printing	rking life, even if refired	1)	A CANTON OF THE PARTY OF		The second secon						000.41
3. FATHER'S NAME				1							
Theodore	Crawford			2	Ada Wi	lliams					
5. WAS DECEASED EN			SOCIAL SECURITY NO.	17. INFO	RMANT The Me	dical	Record Add	ress			-
No. or unknown)	(If yes, give wor or odies or	24	1-32-2580						. Ma	arvla	and
18. CAUSE OF DE	EATH [Enter only one co	ouse per lir	ne for (o), (b), and (c), ]								
	EATH WAS CAUSED BY:	Co		t.					ON	SET AND	DEATH
705 1		)	TOTAL TITLES						-		
70414											
		My	ocarditis ar	nd Pe	ricarditis						
couse (o), stating	g the under- DUE TO										
lying couse lost											
PART II. O  PART II. O  OR CONTRIBUTION  (IF EITHER, NOTIF	THER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DEATH	BUT NO	FRELATED TO THE TERM	MINAL DISEASE	CONDITION GIV	EN IN PAR	T 1(o) 1	PERFO	RMED?
20a. ACCIDENT V	VAS UNDERLYING []	20b. DESC	RIBE HOW INJURY OCC	URRED. (E	nter noture of injury in	Port I or Port	Il of item 18.)				
	Y MEDICAL EXAMINER)										
20c. TIME OF INJU			JURY OCCURRED 20	e. PLACE	OF INJURY (Home, for	m. 20f. (City	or town)	(0	County)		(State)
p. m.	10			1001017	, sincer, office blog., en	(0.)					
21 I certify t	hat I attended the	decease	from Februar	rv 2]	10.59 LE	hmisme	2550				
alive on Feb	miary 25.	10	59	9	1, 19.2.1., 10.E.C.	D	-523 1922	,that I	last so	w the	decease
dive dif 676		, 17	ZZ, and that de	earn ac	curred at 6162	M, from	the causes o	ind an ti	ne da		
ACTUAL	S	. Th	0		The Cla			stote)	011	16/50	ATE SIGNE
SIGNATUREC	ugine N	, 0	egeson	M.D.			deceased lived. If institution: Residence before admission)  Columbia  de corporate limits, write RURAL and give nearest town)  47 x - 3  e. IS RESIDENCE ON A FARM? YES ON				
PHYSICIAN'S NAME (Type)	AATH  MARYLAND  2. USUAL RESIDENCE (Where deceased lived. It institution. Besidence before odmission.)  2. USUAL RESIDENCE (Where deceased lived. It institution. Besidence before odmission.)  2. USUAL RESIDENCE (Where deceased lived. It institution. Besidence before odmission.)  2. USUAL RESIDENCE (Vibere deceased lived. It institution. Besidence before odmission.)  2. USUAL RESIDENCE (Vibere deceased lived. It institution. Besidence before odmission.)  2. USUAL RESIDENCE (Vibere deceased lived. It institution. Besidence before odmission.)  2. USUAL RESIDENCE (Vibere deceased lived. It institution.)  3. USUAL RESIDENCE (Vibere deceased lived. It institution.)  2. USUAL RESIDENCE (Vibere deceased lived. It institution.)  3. USUAL RESIDENCE (Vibere deceased lived. It institution.)  4. USUAL RESIDENCE (Vibre deceased lived. It institution.)  4. USUAL RESIDENCE (Vibre deceased lived.)  5. USUAL RESIDENCE.)  5. USUAL RESIDENCE (Vibre deceased lived.)  5. USUAL RESIDENCE.)  5. USUAL R										
		)F	22c. NAME OF CEMETER	RY OR CR				or county)	e. IS RESIDEN ON A FARM YES NO Day Year YES NO Day Hours M ER I YEAR IF UNDER 24 Doys Hours M INTERVAL BETWEE ONSET AND DEAT ONSET AND DEAT ONSET AND DEAT  (County) (SI I last saw the dece the date stated at DATE SI 2/26/59  ELLA (Stote)		
REMOVAL (Specific	1 2-27	-59		- 17	2 1	an	180-			0	0
3. FUNERAL PRECTO	R'S SIGNATURE	-	ADDRESS	4	240 050	'D BY PECIETE	DAR 245 DECT	TDAD'S EL	CHIATU	DE	
RO	n Wo	26	1321	111		MAR 2	59 1 240. REG		. The		
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MATERIAL 19 3 3 3 18			

#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2116 CERTIFICATE OF DEATH

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	112 OI DE/1111		Reg. Dist.	. No.
MARYLAND	- CTATE	AND b. C	institution: Residence	before odmission) MERY
	c. CITY OR TOWN (If or	utside corporate limits,	write RURAL and giv	re nearest town)
et oddress)	OLD BALTIN	MORE ROAD		e. IS RESIDENCE ON A FARM? YES NO
Middle ELIZABETH	NI CHOLSON	4. DATE OF DEATH	Month FEB •	Doy Yeor 19 1959
	B. DATE OF BIRTH 9/6/09	9. AGE (In lost birt	1 1	The second secon
	STRY 11. BIRTHPLACE (Stote of MARYLAND	or foreign country)		
		icholson,	Address Old Baltin Olney, M	nore Rd
CONTRIBUTING TO DEATH BUT	al Dufe	NAI DISFASE CONDITI	on GIVEN IN PART	
				PERFORMED?
SCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in Pa	ori t or Fort II of trem	16.)	
le _ Not while foo			(Co	unty) (State
MONTGOMERY  *** MONTGOMERY  *** TOWN (If outside corporate limin, write oddered)  *** TOWN (If outside corporate limin, write address)  *** OLNEY  *** OLN	ist saw the decease date stated obordate sign			
D. COUNTY MONTGOMERY   D. COUNTY MONTGOMERY     D. CITY OR TOWN (If outlide corporole limits, write   C. LENGTH OF STAY IN 16   C. CITY OR TOWN (If outlide corporole limits, write RURAL and give necreat form)				
				(Stote)
	C. LENGTH OF STAY IN 16  22 YES.  El oddress)  ROAD  Middle  ELIZABETH  RRIED NEVER MARRIED DIVORCED DIVORCED  B. KIND OF BUSINESS OR INDU  O-OP MARKETS  6. SOCIAL SECURITY NO. 17. II  20-34-3403 MT  Line for (a), (b), and (c) }  SCONTRIBUTING TO DEATH BUT  ESCRIBE HOW INJURY OCCURRED  LE NOI while for work DIVORCED  LE NOI while CORRED  LE NO	MARYLAND  c. LENGTH OF STAY IN 1b  22 yrs  OLNEY  BI Oddress)  ROAD  Middle  ELIZABETH  MICHOLSON  RRIED P NEVER MARRIED B. DATE OF BIRTH  9/6/09  b. KIND OF BUSINESS OR INDUSTRY  11. BIRTHPLACE (STORE MARYLAND  14. MOTHER'S MAIDEN N  EDNA G. B.  6. SOCIAL SECURITY NO. 17. INFORMANT  20-34-3403  Mr. Robert G. N:  SCONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINATE  ESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in P  INJURY OCCURRED to the control of the co	C. LENGTH OF STAY IN 16  C. LENGTH OF STAY IN 16  C. CITY OR TOWN (If outside corporate limits,  22 yrs.  OLNEY  OLNEY  OLNEY  OLNEY  OLD BALTIMORE ROAD  Middle  ELIZABETH  NICHOLSON  MICHOLSON  MICHOLSON  PEATH  PORT  OF DEATH  PORT  PORT  OF DEATH  PORT  PORT  OF DEATH  PORT  PORT  PORT  OF DEATH  PORT  PORT  PORT  OF DEATH  PORT  POR	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence of STATE MARYLAND b. COUNTY MONTGO of STATE MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and given and the state of STATE ADDRESS OLD BALTIMORE ROAD country) with the state of STATE ADDRESS OLD BALTIMORE ROAD country of STATE ADDRESS OLD BALTIMORE ROAD country of STATE ADDRESS OLD BALTIMORE ROAD country of STATE ADDRESS of STATE ADDRESS OLD BALTIMORE ROAD country of STATE ADDRESS of S

uneral director. TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 2 may be retained by the hospital or attending physician.

TO FUNERAL DISC. After this certificate has been signed by the attending physician and campletely filled in by I page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 state registrar prior to burial, crematian, or removal, and in any event within 72 hours after death. VS A15 (4) ISM 9/SS

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMOSE,

ALC: NAME OF STREET	No.		ADIRITIED -	
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VS A1S (4) 1SM 9/S8

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

1. PLACE OF DEATH					reg. Dist. 140	e. IS RESIDENCE ON A FARM? YES NOX  Day Year  26, 1959  DER I YEAR IF UNDER 24 HRS.
COLUMN	Montgomowy		2. USUAL RESIDENCE (Where de		21 1	
	Montgomery	MARYLAND	Maryland	5. 0001111	Montg	e. IS RESIDENCE ON A FARM? yes   NOX   Day Year 1959 1 YEAR IF UNDER 24 HRS Poys Hours Min.  ZEN OF WHAT COUNTRY? Seme as tem #2  INTERVAL SETWEEN ONSET AND DEATH ONSET AND D
RURAL ond give	nearest town)	c. LENGTH OF STAY IN 1b		Address Same as Ickolson Item #2  Address Same as Ickolson Item #2  Address Same as International Description of the first one of the first of the f	arest town)	
d. NAME OF HOS OR INSTITUTION	OUNTY Montgomery  Maryland  O STATE Maryland  O COLOR OR TON IN STATE Maryland  O STATE Maryland  O STATE Maryland  O COLOR OR TON IN STATE MARYLAND  O STATE Maryland  O COLOR OR TON IN STATE MARYLAND  O STATE Maryland  O COLOR OR TON IN STATE MARYLAND  O STATE Maryland  O COLOR OR TON IN STATE MARYLAND  O STATE Maryland  O COLOR OR TON IN STATE MARYLAND  O STATE Maryland  O COLOR OR TON IN STATE MARYLAND  O STATE MARYLAND			Rd.		ON A FARM?
3. NAME OF DECEASED (Type or print)	First	ROBERT N	TOVOT CON 0	E .		
s. sex Male	Thita			last birthdoy)	Manths Days	
	and the country of the country			ign country)		
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME			
?	Nickolson		Unknown			
	VER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO.		Addres	Same	as
NO	(It yes, give war or dates at service)	Ilnknown Ir	nez Osmand Nic	kolson	Item	#2
/5/X	PEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO	ne for (a), (b), ond (c).]	fstowach			
Conditions, if gave rise to couse (a), stotin lying couse las	immediate DUE TO	CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMINAL D	isease condition given	V IN PART 1(a)	9. WAS AUTOPSY PERFORMED?
PART II. C	WAS UNDERLYING   20b. DES	CRIBE HOW INJURY OCCURRE	ED. (Enter noture of injury in Port I o	or Port II of item 18.)		YES NO
20c. TIME OF INJ Hour o. m	n. While	Nat while fo	LACE OF INJURY (Home, form, 20f	(City or town)	(County)	(Stote
≥ p. m	1.	rk ot wark				
	that I attended the decease by 26, 19  Que N. Que  JOHN N. ANDRE	sed from Jany 1 9, and that death	/ ADDRE	rom the causes ond iss (Street, city or town, st esville Rd	on the dote	stoted above

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perol director, **bR**: After this certificate has been signed by the attending physician and campletely filled in by the stacked far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 sh ofter death. the registrar prior to burial, cremation, ar remaval, and in any event within 72 hours MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
1 tem 9 FilmG239 2-24-59 et
CERTIFICATE OF DEATH

02057

	Reg. Dist. 140.
1, PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE
Montgomery	Maryland b. COUNTY Montgomery
b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
RURAL ond give neorest town) Rural-Potomac	X Bethesda
d. NAME OF HOSPITAL (If not in hospital, give street oddress)	d. STREET ADDRESS  o. 15 RESIDENCE ON A FARM?
Ropine Nursing Home	6005 Grosvenor Lane
3. NAME OF DECEASED (Type or print)  A John	LOSI SEN A. DATE Month Doy Year OF DEATH February 14 1959
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE III YEAR IF UNDER 1 YEAR IF UNDER 24 HRS.
Male White WIDOWED TO DIVORCED	Oct. 26, 1877 ( State by the doy) Mouths Doys Hours Min.
100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUS	STRY 11. BIRTHPLACE (Stote or foreign country)   12. CITIZEN OF WHAT COUNTRY
during most of working life, even if retired) Civil Engineer Retired	California US
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Christian Nielsen  15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN	7 Andersen
(Yes, no. or unknown) (If yes, give war or dates of service)	
No None Mi	rs. Martha 7 Ford-same as 2d
1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: Construct	femorrhage 12 hours
33/X DUE TO	
Conditions, if ony, which ) as Citariase	cerosio generalismed 2 + year
gove rise to immediate	
being come lest	
, ()	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
CATIC	PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Port I ar Part II of item 18.)
Hour o. m. While Not while foc	ACE OF INJURY (Home, form, 20f. (City or town) (County) (State) tory, street, office bldg., etc.)
p. m. 19 at work at work	
21. I certify that I attended the deceased fram. 2990	19 59, to 13 Jan 19 51 that I last saw the deceased
alive an 12 gam, 1959, and that death	1:1=2
	ADDRESS (Street, city or town, stote)  DATE SIGNED
SIGNATURE Herbert Wantyn	MD. 5029 BETHENDA AVE
PHYSICIAN'S HERBERT MARTYN JA	BETH. IVId. 14 fam 5
220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OF	R CREMATORY 22d. LOCATION (City, town, or county) (Stote)
Cremation 2/16/59 Cedar Hill	Crematory Suitland, Maryland
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
Robert A. Pumphrey Bethesda, May	ryland DATE FEB 1 8 '59 arthur & thouse
Kobert A. Pumphrey Bethesda, Mai	LY LANGE STORY

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page may be retained 14 the haspital or attending physicion.

TO FUNERAL DIRICADR: After this certificate has been signed by page 3 should be detached for use as the burial-transit permit.

VS A1S (4) 1SM 9/5S

# MARVIAND STATE DEPARTMENT OF HEALTH-BALINYORE 18

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#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

		21	10	CERTI	FICA	TE OF DEATH	1		Reg. Di	st. No.		
1.	PLACE OF DEATH o. COUNTY Montgomery			MARY	LAND	2. USUAL RESIDENCE (W) o. STATE Virginia	here decease	d lived. If institutio b. COUNTY Arling		nce befo	re admis	sion)
Г	b. CITY OR TOWN (If RURAL and give ned	outside carparate limits prest town)	, write	c. LENGTH OF STAY	IN 16	c. CITY OR TOWN (If o	outside corpo	rate limits, write RU	IRAL ond	give ned	crest low	n)
	Bethesda (F			6 hrs. 42	min	. Arlington				8	3 X.	3
	OR INSTITUTION	AL (If not in hospital, gi	ve street	address)		d. STREET ADDRESS	gton B	lvd.			ONA	FARM?
3.	NAME OF DECEASED (Type or print)	first Jame		Middle		lost NIELSEN	4. DATE OF DEATH	Mont Febr	uary			
5.	SEX	6. COLOR OR RACE	7. MARR	RIED NEVER MARRIE	ED 🗍	B. DATE OF BIRTH		9. AGE (In years lost birthdoy)	-			
L	Male	Caucasian	WIDOWI	ED DIVORCE		4-2-92	2013	66 yrs.	Months	Doys	Hours	Min.
10	a. USUAL OCCUPATIO during most of worki	N (Give kind of work doing life, even if retired)			R INDUS	TRY 11. BIRTHPLACE (Stote	ar foreign c	ountry)				COUNTRY
	Mariner			U.S. Navy		Denmark			U	.S.	4.	
13	. FATHER'S NAME					14. MOTHER'S MAIDEN N	NAME					
-	Niels Peter					Margaret S	SKOV					
		IN U. S. ARMED FORCE		SOCIAL SECURITY NO	. 17. IN	IFORMANT		Addre	ess			
	Yes	IIWW & IWW	5	77-38-0216	H	ospital Recor	abr					9.7
Г	18. CAUSE OF DEAT	TH [Enter only one cou	se per li	ne for (o), (b), and (c).	1		0	0				
	PART I. DEAT	H WAS CAUSED BY: IMMEDIATE CAUSE (6)	Pa.	ropysmal	Ca	rdiac ar	rly	thmis		10	wan	elit
	420.0	DUE TO			0	0 11	0.					
	Conditions, if an	y, which ) (b)	a	Menso	Ker	othe Hear	T Br	sease		5	14	en.
Ш	gove rise to im	mediate ( DUE TO						FAITTE			9	
	lying couse lost.	(c)										
ATION	PART II. OTHE	ER SIGNIFICANT COND	ITIONS C	contributing to be	Ha	NOT RELATED TO THE TERMI	INAL DISEAS	E CONDITION GIVE	EN IN PAI	RT 1(o) 1	PERFC	AUTOPSY DRMED?
CERTIFICATION	20g. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY	☐ CAUSE OF DEATH	20b. DES	CRIBE HOW INJURY O	COURRED	. (Enter noture of injury in	Part I or Par	t II of item 18.)				
MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	Month, Day, Year	20d. If While of wor	NJURY OCCURRED  Not while  at work	20e. PLA foci	CE OF INJURY (Home, form tory, street, office bldg., etc	20f. (City	or town)	(	County)		(Stote)
	21. I certify the	at I attended the	deceas	ed from Febru	ary	15_, 1959_, to_F	ebruar	y 15 1959	,that I	last so	w the	deceased
	alive anFebra	uary 15	, 125	9 and that	death	accurred at 7:574	A.M. from	m the causes a	nd on t	he da	te stat	ed above
		111/11	1	11/1				treet, city or town, s				ATE SIGNED
	ACTUAL 9	1 dear	46	///		II. S Nay	val Ho	spital. N	INMC:	1	2-16	-59

(Stote)

PHYSICIAN'S NAME (Type)

S. CALDWELL. LT, MC, USN Bethesda 14, Maryland

220. BURIAL, CREMATION, REMOVAL (Specify)
Burial

22b. DATE THEREOF 2-20-59

22c. NAME OF CEMETERY OR CREMATORY ARLINGTON NATIONAL 22d. LOCATION (City, town, or county) ARLINGTON, VIRGINIA

23. FUNERAL DIRECTOR'S SIGNATURE

ADDRESS

24a. REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE

VS A15 (4) 15M 10/57

the attending physician the registrar priar ta burial TO FUNERAL DIR

I director, filed with

W

death: Page 4

executed within 24 hours after

requires that the death certificate be

and campletely filled in by

		SENAM:	
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	William palety and the	Zarbanoji Zarb	
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VS A15 (4) 15M 10/57

MARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE,	18
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CERTIFICATE OF DEATH

2120

NIC (	Keg, Dist. No.
1. PLACE OF DEATH o. COUNTY Montgomery MARYLAND	USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)     O. STATE     D. COUNTY
b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)
RIPAL and give nearest town)  Layhili	Washington, D.C. 47x-3
d. NAME OF HOSPITAL (If not in hospital, give street oddress)	d. STREET ADDRESS e. IS RESIDENCE
Seymour Nursing Home	2032 Belmont St. N.W. ON A FARM?
3. NAME OF First Middle	
OECEASED (Type or print) Helen D. Norfleet	
	B. DATE OF BIRTH  9. AGE (In years   IF UNDER 1 YEAR IF UNDER 24 HRS.
female white widowed Divorced	3/20/80 To yes. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Retired clerk Treasury Dept.  13. FATHER'S NAME	STRY 11. BIRTHPLACE (Stote or foreign country)  Binghamton, N.Y.  14. MOTHER'S MAIDEN NAME
P. Donald Driscole	Anna Louise Robertson
	Mrs. Hadwen Hiller 100 Myrtle St.  Manchester, N.H.
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), ond (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO CUT CUTO - STEP CONDITIONS, if ony, which gove rise to immediate couse (a), stoting the underlying couse lost.  (b) NO DEATH S CONDITIONS (C)	Propose - interval between onset and death 12 tres.
ICATI	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED?  YES \( \sigma \) NO (2)
	D. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. m.  p. m. 19 of work of work	ACE OF INJURY (Home, form, 20f. (City or town) (County) (State) clary, street, office bldg., etc.)
21. I certify that attended the deceased from 14 4 alive on 2 8 59	accurred at 100 M, from the causes and on the date stated abave ADDRESS (Street, city or town, stote)  ADDRESS (Street, city or town, stote)  M.D. HJU Brun. H.E. M
22c. NAME OF CEMETERY OF DUTY 1 Specify 2/13/59 Arlington N	(Sidile)
23. FUNERAL DIRECTOR'S SIGNATURE 2901011 th St.	
The S.H. Hines Co. Washington 9.	
"ABITATING OUT! 7	Orthur & it
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VS A1S (4) 1SM 9/55

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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 2002

**CERTIFICATE OF DEATH** 

Reg. Dist. No.

-									101	
1.	PLACE OF DEATH a. COUNTY	U	MARYLA	- 11	USUAL RESIDENCE (WHO O. STATE	3	ved. If institution b. COUNTY	nı Residence b	efore admission	on)
	b. CITY OR TOWN III outside a RURAL and give hearest low	corporate limits, write	c. LENGTH OF STAY IN	116	c. CITY OR TOWN (IF o		e limits, write RU	RAL and give	nearest fown)	
	11 0 ()	11 00 1	0 1		V 111.		3.	VOI.	. 1/-	
	d. NAME OF HOSPITAL (IF not OR INSTITUTION		of address)		d. STREET ADDRESS	nore	<u> </u>		e. IS RESII	
1	Washington	Sanita	cum & Ho	3 pitte	13622	Park	Hei	a hts	YES 🗌	NO 🗌
	NAME OF DECEASED	First	Middle	V	Last	4. DATE OF	Mont	,0	Day Y	ear
	(Type or print)	the	(NMN		Novey	DEATH	Fe	b	2 1	959
5. 5	SEX 6. COLO	OR OR RACE 7. MA	RRIED NEVER MARRIED	□ B. C	ATE OF BIRTH		AGE (In years last birthday)	Months Day		
1	-cmale. Te	WIDO	WED DIVORCED	M 10	0-19-87	211	71 yrs.	Months Day	rs Haurs	Min.
100	. USUAL OCCUPATION (Give	kind of work dane 10	. KIND OF BUSINESS OR	INDUSTRY	11. BIRTHPLACE (State	ar foreign coun	try)	12. CITIZEN	OF WHAT	COUNTRY
	during most of working life, e	1 6			Mary	1 - 1		1 1		
13.	FATHER'S NAME	WITC.		1	4. MOTHER'S MAIDEN N	NAME		1 11	Die L. I	Can
	110 -	0 1			11	1	1 1.			. 1
15.	WAS DECEASED EVER IN U. S.	ARMED FORCESS I	SOCIAL SECURITY NO	17. INFO	RMANT	nah	Addre	DALLD	+0	8+1)
(Ye	s. no. or unknown) (If yes, give	war or dates of service)	1000=	0	12001	-1				
	No.		140106	1.	tis Cha	7+				
	18. CAUSE OF DEATH [Enle		line for (a), (b), and (c).	6.	1 1/2	- n /			NTERVAL BET	
	1 IMMEDIA	ATE CAUSE (a)	Leri	?cra	HELLE	17116	9-6		1-2-	3-29
	33/1	DUE TO	11 1	7			/	1	40 1-	26-3
	Conditions, if any, which		MYA	erle	elder				4E	220
	gave rise to immediate cause (a), stating the under		//						1	
	lying couse last.	(c)								
Z O	PART II. OTHER SIGNI	FICANT CONDITION	CONTRIBUTING TO DEAT	H BUT NO	T RELATED TO THE TERM	INAL DISEASE C	ONDITION GIVE	N IN PART 1(a	19. WAS A	UTOPSY
3									YES	2.
CERTIFICATION	20a. ACCIDENT WAS UNDER OR CONTRIBUTING CAUS (IF EITHER, NOTIFY MEDICAL	E OF DEATH	SCRIBE HOW INJURY OCC	CURRED. (	Enter nature of injury in I	Part I ar Port II	af item 18.)			
	20c. TIME OF INJURY Manth		INTIMEN OCCUPAND 3	O- DIACE	OF INTILIPY (Harris form	206 (6)		10		10
MEDICAL	Hour a.m.	Whi		factor	OF INJURY (Hame, farm r, street, office bldg., etc	i,   20f. (City dr :.)	tawnj	(Coun	ily)	(State)
	21. I certify that I att	ended the decer	sed from	26	. 1959. to	22-	1959	,that I last	saw the	decenser
	alive on 2 -2	19	4	leath a	curred at 3 1/5	PM from 1	1			
	1		January Condition of	addin de			t, city or town, s		1	TE SIGNED
	ACTUAL SIGNATURE	first a	Hare	1M.D	Jakou	ua /	orr K	ML	6 3/	3/57
	PHYSICIAN'S NAME (Type)	toert	Alare	1//	0		Mary the state of the space of			, .
220	BURIAL, CREMATION, 22b.	14/19	PATL /	ERY OR C	D. ALK	PALL	N (City to July), o	seconty)	Astate	)
23.	FUNERAL DIRECTOR'S SIGNAT	URE	ADDRESS	/ .	2 24a. REC'	D BY REGISTRA	R 24b. REGIS	TRAR'S SIGNA	TURE	
1	oldenture	cal Homen	4217-94	(01,	n 20 DATE FE			hun S. to	wed,	
			-		1 - 1111					

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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			military and majority of

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VS A15 (4) 15M 10/57

#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2122 CERTIFICA

#### **CERTIFICATE OF DEATH**

Reg. Dist. No.

1. PLACE OF DEATH O COUNTY Montgome	ery	MARYLAND	2. USUAL RESIDENCE (W	here deceased lived. If institution b. COUNTY		
b. CITY OR TOWN (IF RURAL ond give ne Gaithers		c. LENGTH OF STAY IN 16 9 yrs 4½ mo		oulside corporate limits, write R	URAL ond give	
OR INSTITUTION	AL (If not in hospital, give streethodist Home		d. STREET ADDRESS			e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	I-VdiA	Middle	OURSLER	4. DATE Mon OF DEATH	h 2	Doy Year 1954
5. SEX Female	White I	ARRIED NEVER MARRIED 🔀	8. DATE OF BIRTH 12-22-1869	9. AGE (In years lost birthday) 89 yrs.	Months Day	AR IF UNDER 24 HRS.  YS Hours Min.
10a. USUAL OCCUPATIO during most of work Kept hou	ing life, even it refired)	06. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stole Manchest			S. A.
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME		
Edward (	ursler		Juilann W	leaver		
	R IN U. S. ARMED FORCES?		NFORMANT	. Add		
no		none A	sbury Methodi	st Home, Gaith	ersburg	g, Md.
PART 1. DEAI  154 ×  Conditions, if on gove rise to in couse (o), stoling t lying couse lost.	nmediate DUE TO (c)	myreadial ance of ex		Inal DISEASE CONDITION CIV		G-12-57
ICATIC					EN IN PART (O	PERFORMED? YES NO
OR CONTRIBUTING	CAUSE OF DEATH MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in	Port I or Port II of item IS.)		
20c. TIME OF INJURY Hour o. m. p. m.	Whi		ACE OF INJURY (Home, form ctory, street, office bldg., etc	n, 20f. (City or town)	(Count	(State)
actual SIGNATURE			accurred at 10:197	9. M, fram the causes of ADORESS (Street, city or town, EDAR LANE COTON, MO	and an the a	saw the deceased date stated above DATE SIGNED 2-24-59
220. BURIAL, CREMATION ADMOVAL (Specify)	2-26-59	22c. NAME OF CEMETERY O	R CREMATORY	22d. LOCATION (City, 10ward Manchelle		(State)
23 FUNERAL DIRECTOR'S	Jackery.	Jackhust.	ug hed DAIE	PEB 2 6 59 246. REGIS	STRAR'S SIGNAT	

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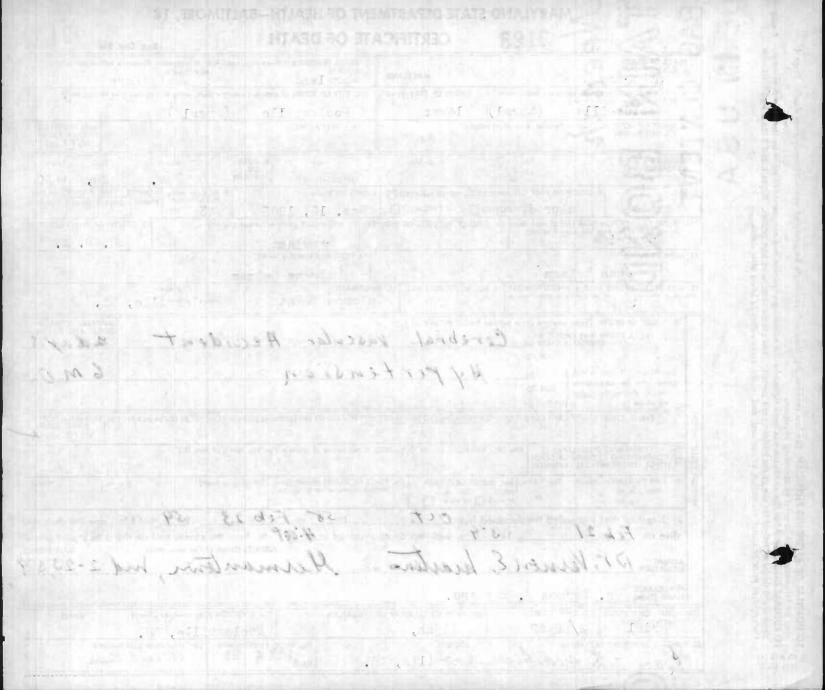
VS A15 (4) 15M 10/57 

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2123 CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY Montgomery	MARYLAND	2. USUAL RESIDENCE o. STATE Maryland	CE (Where deceased live	b. COUNTY	Residence before	admission)
b. CITY OR TOWN (If outside corporate limits, RURAL and give neorest town) Poole SVIIIe (Ruy		c. CITY OR TOW	N (If outside corporate	limits, write RUR		st town)
d. NAME OF HOSPITAL (If not in hospital, give OR INSTITUTION		/d. STREET ADDR		dural )		IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) LUI	Middle	Lost	4. DATE OF DEATH	Month	Day	Year
	MARRIED A NEVER MARRIED	B. DATE OF BIRTH NOV. 15.	9. /		UNDER I YEAR IF	
10a. USUAL OCCUPATION (Give kind of work dor during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDU		(State or foreign country			WHAT COUNTRY?
13. FATHER'S NAME John Nelson		14. MOTHER'S MAI				
15. WAS DECEASEDEVER IN U. S. ARMED FORCE: (Yes, no, or unknown) (If yes, give wor or dates of service)	TIO. DOCINE DECOMITTING.	Solomon Owe	ns F	Address Poolesvil		,
18. CAUSE OF DEATH [Enter only one couse PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Cerebral V HYPERT	PMS/D	TERMINAL DISEASE CO	ONDITION GIVEN	ONSET (6) 19.	WAS AUTOPSY PERFORMED?
=	b. DESCRIBE HOW INJURY OCCURRE  20d. INJURY OCCURRED  While Not while of work at work		e, form, 20f. (City or I		(County)	(Stote)
21. I certify that I attended the dealive an Fak. 21  ACTUAL SIGNATURE / F. Velsuble  PHYSICIAN'S NAME (Type) Dr. Vernon E.	E heartens	accurred at #1	MF. M. from the ADDRESS (Street, AMUM)	ne causes and city or town, stot	an the date	the deceased stated abave.  DATE SIGNED  -23,679
220. BURIAL, CREMATION, REMOVAL (Specify) 2/28/59	22c. NAME OF CEMETERY O	R CREMATORY		City. town, or co	***	(Stote)
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS Rockville, M		REC'D BY REGISTRAR	24b. REGISTRA	AR'S SIGNATURE AND S. Kraus	



#### FOR STATE HEALTH DEPT

2.3

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the ward "pending" in pending in them. 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be farth, ided to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for the files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Baars at Health, ar its designated agent, priar to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 2/57

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#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 2016 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

-	2010			Reg. Dis	t. No.
	PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased	lived. If institution: Residen	ce before admission)
1	Wentymery	MARYLAND	o. STATE mel	b. COUNTY M	n to
71	b. CITY OR TOWN III outside corporate limits, write RURAY and give pegrest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corpore	ote limits, write RURAL and	give nearest town)
	Rockville	11 yrs	26 Rockvill	e (re	ural)
	d. NAME OF HOSPITAL OR INSTITUTION (If not in ho	spital, give street address)	d. STREET ADDRESS		o. IS RESIDENCE ON A FARM?
	10517 Deven Low	es Rd	10517 Bev	En Locks	Ref YES   NO 8
	3. NAME OF First	Middle	Losi 4. DATE OF	Month	Doy Year
	(Type or print)	M.	afne DEATH	Fel	2 1959
		4	DATE OF BIRTH 9.	AGE (In years   IFUNDER 1   Months   D	YEAR IF UNDER 24 HRS.
-	male Cal WIDOWE		0-9-1883	75 yrs.	
	100. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State ar fareign coun		EN OF WHAT COUNTRY?
1	laborer	Jarus	Va	14	-S &
	13. FATHER'S NAME	0	14. MOTHER'S MAIDEN NAME		
1	15. WAS DECEASED EVEN U. S. ARMED FORCES? 16	SOCIAL SECURITY NO. 17. IN	FORMANT		
	15. WAS DECEATED EVEN U. S. ARMED FORCES? 16. (Yes, no, or unknown)   [If yes, give war or dates of service]	12	0 0 1.	Address \	7
	IB. CAUSE OF DEATH [Enter only one couse per line		crewe Tayne (co	yes se	INTERVAL BETWEEN
-	PART I. DEATH WAS CAUSED BY:				ONSET AND DEATH
	1420, / DUE TO	cronary o	musion		suddling
	Conditions, if ony, which) (b)				
	gave rise to immediate couse	V			
	(c), stating the underlying DUE TO couse fost.				
	PART II. OTHER SIGNIFICANT CONDITIONS	ONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CO	ONDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY
9	3				PERFORMED?
	PART II. OTHER SIGNIFICANT CONDITIONS C	E HOW INJURY OCCURRED. (En	ter nature at injury in Part I or Part II af i	item 18.)	
1	3 20c. TIME OF INJURY Month, Day, Year 20d.	INJURY OCCURRED   20e. PLAC	E OF INJURY (Home, form,   20f. (City or	town) (Caun	fy) (Stole)
	20c. TIME OF INJURY Month, Day, Year 20d. Hour o. m., Whit p. m. 19 of w	le Not while factor	ry, street, office bldg., etc.)		
	21. I certify that I taok charge of the	remains described abov	e, held an Autopsy . Insp	pection . Inquiry	A, and in my
	opinion death resulted from: Natural	causes X. Accident			anner 🗍
	2	)			
	SIGNATURE TRANS	withant	M.D. CHIEF MEDICAL EXAMINER		DATE SIGNED
	EXAMINER'S	,	ASSISTANT MEDICAL EXAMINER	2 2 2 (	70
	NAME (Type) HANK J.	roschant	DEPUTY MEDICAL EXAMINER	<b>ア</b> - ケーツ	7
	220. BURTH, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)	22c. NAME OF CEMETERY OR	CREMATORY 220 TOCATION	N (City, town, or county)	(State)
	DUVIAI -/3/39	MINCOLD	Tarn, Noc	COIIIE, W	10
	23. PUNJERAL DIRECTOR'S SIGNATURE	PADDRESS 110	246. REC'D BY REGISTRAR		
1	I want of survey	NOCKUILE	DATE FEB 9 '59	arthur S.	Krossa

STAR MEDICAL EXAMINERS CERTIFICATE OF DEATH

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TO FUNERAL DIR

VS A15 (4) 15M 10/57

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 2124

# CERTIFICATE OF DEATH

				K	(eg. Dist. No.		
1. PLACE OF DEATH o. COUNTY MONTGOMERY	MARYLAND	2. USUAL RESIDENCE (W	here deceased lived	I. If institution: b. COUNTYM(	Residence befor	re admission)	
RURAL and give nearest town) SILVER SPRING	18 months	c. CITY OR TOWN (IF	outside carporate li ER SPRIN		AL and give nea	rest town)	
d. NAME OF HOSPITAL (If not in hospital, give street add OR INSTITUTION 808 HERON DRIVE	dress)	d. STREET ADDRESS 808	HERON DR	IVE		ON A FARM	12
3. NAME OF First DECEASED (Type or print) MATHILDA MA	Middle RIE PEACOCK	lost	4. DATE OF DEATH	Month FEB.	Day 16		9
FEMALE WHITE WIDOWED		B. DATE OF BIRTH 11/18/01	5	t birthdoy) N	UNDER 1 YEAR Nonths Doys	Hours Mi	
100. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired)  RECEPTIONIST  REAL	ND OF BUSINESS OR INDI	PENNSYLV			U.S.A.		NTRY
13. FATHER'S NAME MICHAEL SCHAFF		14. MOTHER'S MAIDEN  CATHERIN					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SO (Yes. no. or unknown) (If yes, give wor or dates of service)		· Francis A.	Peacock,		ron Driv		
1B. CAUSE OF DEATH [Enter only one cause per line in PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  153, 8  DUE TO  Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying cause last.	scinoma	of colon s kalizel	vith e	tensur (		RVAC BETWEELER AND DEAT	ZH O.
PART II. OTHER SIGNIFICANT CONDITIONS CON  20g. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER. NOTIFY MEDICAL EXAMINER)  20b. DESCRI		T NOT RELATED TO THE TERM  ED. (Enter nature of injury in			IN PART 1(a)	PERFORMED YES NO	?
7	_ Not while fo	LACE OF INJURY (Home, form octory, street, office bldg., etc	n, 20f. (City or to	wn)	(County)	(Ste	lote)
21. I certify that I attended the deceased alive an 2/14/ 19 59  ACTUAL SIGNATURE HARDER F. PHYSICIAN'S HARDED F.		, 1957, ta h accurred at 5:204 M.D. 335	2/16  M, from the ADDRESS (Street, of 5 - 16)  asluma	causes and	d an the dat	w the dece e stated ab DATE SIG	oave
	ZC. NAME OF CEMETERY CEO. WASH. ME		PRINCE		OUNTY, M	(Stote)	
23. FUNERAL DIRECTOR'S SIGNATURE WARNER E. PUMPHREY, INC.	ADDRESS SILVER SPRI	NG, MD. 240. REC	EB 18 59		AR'S SIGNATUR		

	NAME OF STREET	THE STATE OF THE S	
KEARE OF DISAFI	HINES C	•	
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lon , seement, to tene C. at			

VS A15 (4) 15M 10/57

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

**CERTIFICATE OF DEATH** 

		212	5	CERTII	FICA	TE (	OF DEAT	Н		Reg. Di	st. No.	215	83
1,	PLACE OF DEATH o. COUNTY Montgomery						TATE	Vhere decease	d lived. If institu b. COUNT		ce befor	e admiss	ion)
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda (Rural)			c. LENGTH OF STAY I	c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside			outside corpo	prote limits, write	RURAL ond	give near	rest town	)
				5 hrs 52 min Indianhead			08x 2						
	d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION			1		d. STREET ADDRESS				e. IS RESIDENCE			
	U. S. Nav	3 Cogswell Ave.					YES NO NO						
3.	NAME OF DECEASED (Type or print)	Fin Jack		Middle Alen			tost PEREZ	4. DATE OF DEATH		onth	Day		reor 1959
5.	SEX	6. COLOR OR RACE	7. MAR	RIED NEVER MARRIE	D)C)	B. DATE	OF BIRTH		9. AGE (In year lost birthdoy)	IF UNDER			R 24 HRS.
1	Male	Caucasian	WIDOW	VED DIVORCED		13 F	ebruary	1959	yr:		Days	5 Hours	52 in.
100	during most of working None	N (Give kind of work on ng life, even if retired)	one 10b	. KIND OF BUSINESS OF	R INDUS		BIRTHPLACE (Sion		ountry)				COUNTRY
13.	FATHER'S NAME				MOTHER'S MAIDEN NAME				U. S. A.				
7	Edmund A E			Judith Ann YANCEY									
15.	WAS DECEASED EVER	EREZ IN U. S. ARMED FOR	ES? 16	SOCIAL SECURITY NO.	17. IN	FORMA	B 0 000	H TUNO		dress			
IY4	No (F) Edmund A. Perez, same as #2 above												
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  DUE TO						Anopai Par III			INTERVAL BETWEEN ONSET AND DEATH			
NO	Conditions, if on gove rise to im couse (o), stoting the lying couse lost.  Part II. OTHE	mediate DUE TO	DITIONS	CONTRIBUTING TO DEA	TH BUT I	NOT REL	ATED TO THE TERM	MINAL DISEAS	E CONDITION G	IVEN IN PAR	T 1(o) 19		AUTOPSY
S												-	RMED?
CERTIFICATION													
MEDICAL	20c. TIME OF INJURY Hour o.m. p. m.	19	While of wo	Not while	fact	ory, stre	NJURY (Home, for et, office bldg., et	lc.)			County)		(Stote)
	21. I certify that I attended the deceased fram 13 February, 1959, to 14 February, 1959, that I lost saw the deceased alive an 14 February, 1959, and that death accurred at 2:50A M, fram the causes and an the date stated above  ADDRESS (Street, city or town, state)  DATE SIGNATURE  SIGNATURE  LOTE 1. Q. Magnant M.D. U. S. Naval Hospital, NNMC 2-14-59												
	PHYSICIAN'S George J. A. MAGNANT, LT, MC, USN Bethesda 14, Maryland												
	BURIAL, CREMATION REMOVAL (Specify) 17181-Shipm			22c. NAME OF CEME Valhall		CREMA	TORY		TION (City, town,	or county)	I	(Stote	
	FUNERAL DIRECTOR'S	4 1	um				24a. REC	'D BY REGIS		SISTRAR'S SIG			
A	dams Funer	// 0000		Wisc.Ave., N	TW . WE	sh.	D.C. DATE	D 1 0 15	0	11 0	11		
	2		2.					8 1 8 3	0	Mari S.	Than	-	

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FOR STATE HEALTH DEPT. Page necessary, please

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TO DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 hours ofter death. If any delay is necess execute the certificate, writing the word "pending" in pendi in Item, 18. Give Pages 1, 2, and 3 to the funeral dirent shauld be forwarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be relained for y TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 and 2 with the State Baard or its designated agent, priar to burial, crematian, or removal, and in any everywithin 72 hours after death.

VS. AISME 5M 2/57

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 OMEDICAL EXAMINER'S CERTIFICATE OF DEATH

00758 \*

6160	Reg. Dist. No.
1. PLACE OF DEATH O. COUNTY MONTE MARYLAND MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY Hampshire
b. CITY OR TOWN (If outside corporate limits, write RUAL ond give represt town)  Chase  2 mo	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address)	d. STREET ADDRESS  e. IS RESIDENCE ON A FARM YES [] NO
3. NAME OF First Middle	a primary or,
(Type or print) Grayes, anna Phil	Cips OF DEATH Feb 1 1959
5. SEX 6. COLOROR RACE 7. MARRIED NEVER MARRIED 8.  WIDOWED DIVORCED 1	2-9-1886  9. AGE (in yours left under 14 Mouths Days Hours Min.  7. 2 yrs. 100 Days Days Mouths Days Min.
100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTI during lost of working life, even if retired)	
housework Own Home	Mass N.S.C.
13. FATHER'S NAME	Phebe A. Clark
15. WAS DECEASED EVER IN U. S. ARMED FOICES? 16. SOCIAL SECURITY NO. 17. IN	NFORMANT Address
No 015-26-1441m	4th & Goodwan Stem 2
Conditions, if ony, which gove rise to immediate couse lo), stating the underlying couse last.	INTERVAL BETWEEN ONSET AND DEATH  CCLUSION  SUCCESSION  SOUTH TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPS PERFORMED?
PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N  200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CONTRIBUTING CAUSE OF DEATH  CAUSE OF DEATH	YES NO [
3 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20c. PLAC	CE OF INJURY (Home, farm, 20f. (City or tawn) (Caunty) (State ory, street, office bldg., etc.)
21. I certify that I toak charge af the remains described abo apinion death resulted from: Natural causes . Accident	
SIGNATURE STAND & Brose hour	_M.D. CHIEF MEDICAL EXAMINER []
EXAMINER'S FLANK J. Bhoschart	ASSISTANT MEDICAL EXAMINER D  DEPUTY MEDICAL EXAMINER D  2-1-59
276. BURIAL CREMATION, 27b. DATE THEREOF REMOVAL (Specify) Bur-Transit 2/2/59  Oak Grove	Springfield Mass
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
Robert A. Pumphrey, Bethesda, Mary	land DATE FER 4 '59 Corthur S. Knows

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	OR: After this certificate has been signed by the attending physician and campletely filled in by the Vneral director,	"detached for use as the burial-transit permit. Then please remaye carbon papers. Pages I and 2 show be filled with	(
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the haspital ar attending physician.	AF	thec	to burial, crematian, ar remaval, and in any event within 72 Haurs after death.
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Pege 4 may be retained, the haspital ar attending physician.

TO FUNERAL DIR. OR: After this certificate has been signed by the attending physician and campletely filled in by the pege 3 should be detached for use as the burial-transit permit. Then please remare carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, ar remaval, and in any event within 72 haurs after death.

VS A15 (4) 15M 9/55

	16.	161	CLKI	III ICA	KIL OI	DEMIL	,		Reg. Dist	. No.	
1. PLACE OF DEATH O COUNTY Mentgener	<u> </u>		MAI	RYLAND	2. USUAL RES	land	ere deceased	lived. If institution	n: Residence	before admi	ssion)
Bothesda	If outside corporate limi earest town)	ts, write	c. LENGTH OF STA			or Spr		rote limits, write RL	JRAL ond giv	re nearest to	vn)
OR INSTITUTION	TAL (If not in hospitol, g		oddress)		d. STREET	ADDRESS	ter Pl	ace		ON	A FARM?
3. NAME OF DECEASED (Type or print)	) Fir		Midd (Non	le		ost	4. DATE OF DEATH	Mont Febr		Doy 6.	Year 19 <b>59</b>
5. SEX	6. COLOR OR RACE	7. MARR		_	B. DATE OF BIR		1925	9. AGE (In years lost birthday) 33 yrs.		YEAR IF UNE	DER 24 HRS.
10a. USUAL OCCUPATION	ON (Give kind of work king life, even if retired	done 10b.				LACE (Stote				EN OF WHA	,
13. FATHER'S NAME  Bela Szal	ali				14 MOTHER		IAME				
15. WAS DECEASEDEVE (Yes, no or unknown)	R IN U. S. ARMED FOR 111 yes, give wor or dates of s	CES? 16.	SOCIAL SECURITY N					Bethesd		Maryl	and
	ATH [Enter only one co ATH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO	Res	piratory estinal o	failu		p <b>irati</b>	on of	vomitus			
gove rise to i couse (o), stoting lying cause lost.  PART II. OTI		pos	dermoid c t total p ontributing to b	elvic	exener	ation	with r	ecurrenc	e.	(o) 19. WAS	
	AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY	OCCURRED	). (Enter nature	of injury in P	ort 1 or Part	II of item 1B.)		163 8	1 140 []
20c. TIME OF INJUS Hour o. m. p. m.	Y Month, Day, Yes	While	Not while	20e. PLA	CE OF INJURY tory, street, office	(Home, farm, te bldg., etc.	20f. (City	or town)	(Co	unty)	(State)
ACTUAL SIGNATURE	at I attended the mary 6	Ton	59, and the	it death	The Nati	1:00s Clinic	M, fram ADDRESS (Str	the causes as eet, city or town, s Iter Ites of H	nd an the tote)	date stat	ted above
220. BURIAL, CREMATIC REMOVAL (Specify)	N, 22b. DATE THEREC	F	22c. NAME OF CER	METERY OF	CREMATORY			ON (City, town, or	county)	(Sto	ofe)
23. FUNERAL DIRECTOR	S SIGNATURE	. In	ADDRESS	These.	19.M.	240. REC'S	BY REGISTR		TRAR'S SIGN		
				1-			- 0 03	- Onto	7 8. Th	alle	

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VS A1S (4) 1SM 9/SS

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#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

2128

**CERTIFICATE OF DEATH** 

	keg. Dist. 140.
1. PLACE OF DEATH  G. COUNTY  MARYLANE  MARYLANE	2. USUAL RESIDENCE (Where deceosed lived. If institution: Residence before admission) a. STATE b. COUNTY
b. CITY OR TOWN (If outside corporate limits, write   c. LENGTH OF STAY IN 16	maryland restrictionery
SURAL and give nagrest town)	Silver Spring
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 1965 ROSETTATV HILLS Drive	d. STREET ADDRESS 1965 ROSEMARY HILS Drup ON A FARM? YES NO THE
3. NAME OF DECEASED (Type or print) Henrietta Middle	Plotnick 4. DATE Month Day Year Plotnick DEATH Feb. 22 1959
5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   FO male   WIDOWED   DIVORCED	9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Manths Days Haurs Min.
Oa. USUAL OCCUPATION (Give kind of wark done during most of working life, even if rejized)	
HOUSE-WIJE	14. MOTHER'S MAIDEN NAME
Pincus Wollner	Rae Rosenfeld
(Yes, no, or unknown)   (If yes, give wor or dates of service)	Mrs. Shirley S2cobs Silver String, Md.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: Hear RT	CANEN ALL INTERVAL BETWEEN ONSET AND DEATH
1911 X IMMEDIATE CAUSE (o)	a. Luke (CANLER Metestoses) 3 days
Conditions, if ony, which ) THYROID	CANCER 8 Month
gave rise to immediate cose (o), stoting the under-	
lying cause lost. (c)	
Metastatic clisease To Lun	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  YES NO IN INC.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH B  Me fostatic clisers To Lun  200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH  OR CONTRIBUTING  CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	RED. (Enter noture of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Haur a. m. p. m. 19 While at work at work	PLACE OF INJURY (Home, farm, factory, street, affice bldg., etc.) (City or tawn) (Caunty) (State)
21. I certify that I attended the deceased fram. 2/5	, 1957, ta 2/22 , 1957, that I last saw the decease
alive an 2/21, and that dea	ath accurred at 8:15 A.M., fram the causes and an the date stated above
ACTUAL MORD Delicer W)	M.D. 2025 East West H way Silv. ) My sy
PHYSICIAN'S Dr. Max Sherer	
22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY BUTIAL (Specify) F2b.24/1959 Wellwood	CORCREMATORY, 22d. LOCATION (City, town, or county) (Stote)
3. EUNERAL DIRECTOR'S SIGNATURE B. Daugarisky Sons Wash. A	DATE  240. RECIDENT REGISTRAR 246. REGISTRAR'S SIGNATURE  OTHER S. HAME
- 4	PAGE .

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 1
may be retained by the hospital ar attending physician.
TO FUNERAL DIRE OR: After this certificate has been signed by the attending physician and campletely filled in by the meral director.
page 3 should be elached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 show he filed with
the registrar prior to burial, cremation, ar remaval, and in any event within 72 hours after death.

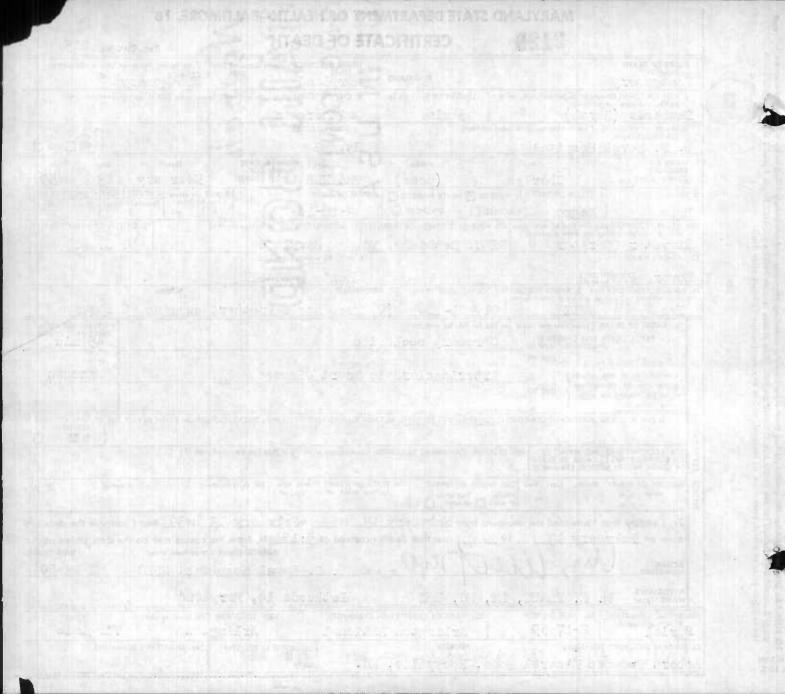
VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 2129

**CERTIFICATE OF DEATH** 

Reg. Dist. No. 215

	o. COUNTY Montgomery				MARYLAND	2. USUAL REST o. STATE Maryla		here deceased	b. COUNTY	on: Residence		e odmiss	ion)
)	b. CITY OR TOWN (If RURAL and give ned	prest town)	its, write	c. LENGTH OF		c. CITY OR	TOWN (IF o		ote limits, write R	×	-	rest town	)
	d. NAME OF HOSPITA OR INSTITUTION U. S. Naval		give street	1 . / 1119-7		X Gaithe		g			1		FARM?
	3. NAME OF	. HOSPITAL			4:14	11		Te per					NO X
	DECEASED (Type or print)			,	Aiddle	lo:		4. DATE OF	Mon		Do		Year
	5. SEX	Char			none)	PRATH		DEATH	Febr		13		1959
		6. COLOR OR RACE				8. DATE OF BIRT	_		P. AGE (In years last birthday)	Months	Days	Hours	Min.
	Male	Negro	WIDOW	_	ORCED	3-16-	med on		40 yrs.				
	10a. USUAL OCCUPATION during most of working	N (Give kind of work ng life, even if retired	dane 10b.	KIND OF BUSIN	IESS OR INDU	ISTRY 11. BIRTHPI	ACE (Stote	or fareign co	untry)	12. CITI	ZEN O	F WHAT	COUNTRY
	Elevator Op			MC, Beth	nesda,	Md. I	Maryla	and		U.	S.	A.	
	13. FATHER'S NAME		- 60			14. MOTHER'S	MAIDEN N	NAME					
1	Howard PRAT	THER				Rosie	T.ANC	CASTER					
)	15. WAS DECEASED EVER	IN U. S. ARMED FOR		SOCIAL SECURIT	Y NO. 17.	INFORMANT	- day	77.10 22.21	Add	ress			
	Yes. no. or unknown) (III	f yes, give war or dates of :		19-01-78	383 (1	V) Mrs. F	20cie	Prothe	r, same	ac 16	o a h	OVE	
	18. CAUSE OF DEAT	H [Fnter only one or				1 14 00 1	COSIC	IIaviic	1, Baile	UB IFE			TIMEENI
		H WAS CAUSED BY:		oronary	-	ri on					ONS	EL AND	DEATH
	11000	IMMEDIATE CAUSE (	1	oronary	OCCLU	21011					4	5 mi	.11
	420.0	DUE TO											
	Canditions, if on gave rise to im		) A	rterios	clerot:	ic heart	disea	ase			U	ınkno	own
	cause (a), stating th		•										
	lying couse last.	) (0											
1	PART II. OTHE	ER SIGNIFICANT CON	IDITIONS C	ONTRIBUTING T	O DEATH 8U1	NOT RELATED TO	THE TERMI	NAL DISEASE	CONDITION GIV	EN IN PART	1(0) 19	PEREO	AUTOPSY RMED?
4	\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\											-	NO 🗌
	PANT II. OTHE	CAUSE OF DEATH	20b. DESC	CRIBE HOW INJU	JRY OCCURRE	D. (Enter noture o	f injury in I	Port I or Port	11 of item 18.)				
	WE DE INJURY Hour o. m.		or 20d. It	NJURY OCCURRE		ACE OF INJURY ( ctary, street, office			or town)	(C	ounty)		(Stote)
	₹ p. m.	19	at warl	k at wark									
	21. I certify the	it I attended the	decease	ed from Fel	oruary	13., 1959.	, toFeb	ruary	13., 1959	that I I	ast sa	w the	deceased
	alive on Febr	_ /	125			accurred at							
		1.	1	-	0				eet, city or town,		0 001		ATE SIGNED
	ACTUAL	My /	11	1/1/1	W.	M.D. U. S	Nev	rel Hos	nitel I	TITIAC		2-13	-50
	JIGHA TOKE					M.D	sa-Tres	747571773	15 1- 15-1-3" - 1	TOLIC			-22
	PHYSICIAN'S NAME (Type)	I. R. PLAU	r, lt	, MC, US	SN	Beth	nesda	14, Ma	ryland				
	22a. BURIAL, CREMATION		)F	22c. NAME OF	CEMETERY C	R CREMATORY		22d. LOCATI	ON (City, town, o	or county)		(Stote	e)
	Burial (Specify)	2-17-59	1	Arlin	ngton 1	Vational		Arli	ngton		Vir	gini	a
	23. PUNERAY DIRECTOR'S	SIGNATURE /	Las	ADDRESS			24a REC'	D BY REGISTR		TRAR'S SIG		E	
i	Robert Show	en Pamera	I Hom	e, Rocki	ville,	Md.	DATE	6 59	arthu	1 & th	ALLA		



## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

02109

	213	30	CERT	II ICA	THE OF DEATH	• •		Reg. Dist	No.	215
o. COUNTY Montgomer	У		MAI	RYLAND	2. USUAL RESIDENCE (W	here deceased	b. LOUNTY	on: Residence	e before	admission)
b. CITY OR TOWN ( RURAL and give n	If outside corporate limi	its, write	c. LENGTH OF STA	Y IN 1b	c. CITY OR TOWN (If	outside corpo	rote limits, write R	URAL ond gi	ve neare	ist town)
Bethesda			14 days	s	Fort Myers		41	2 X -	3	
	TAL (If not in hospital, g	give street ad			d. STREET ADDRESS				e.	IS RESIDENCE
00 m mm	al Hospita	1			P.O. Box 1	125				ON A FARM
NAME OF DECEASED	Fir	rst	Midd	lle	Last	4. DATE	Mon	th	Day	Yeor
(Type or print)	John	n	Edward	đ	PRAYTOR	OF DEATH	Febru	ary	3	19 5
SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MARI	RIED B	B. DATE OF BIRTH		9. AGE (In years	IF UNDER 1	-	UNDER 24 H
ale	Caucasian	WIDOWED	DIVORC	CED 🗆	1-8-21		last birthday)	Months [	Days	Hours Mi
. USUAL OCCUPATI	ON (Give kind of work	dane 10b. KI	IND OF BUSINESS	OR INDUST	TRY 11. BIRTHPLACE (Stote	or foreign co		12. CITIZ	ZEN OF	WHAT COUN
U. S. Nav	king life, even it refired	)			Alabama			TT S	S.A.	
. FATHER'S NAME	J	10-2			14. MOTHER'S MAIDEN	NAME		1 0.1	D + 11 +	
John PRAY	MUB				Edna GILC	HRTST				
. WAS DECEASED EVE	R IN U. S. ARMED FOR		OCIAL SECURITY N	IO. 17. IN	FORMANT	III LIGH	Addi	ess		
Yes, no. or unknown) Yes	WWII-KOREAL	-		(1.7)	Mrs. Jeanne	Dwords		110	abo	250
PART I. DEA 193.9 Conditions, if o	ATH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO ony, which )	, 30	for (o), (b), and (c	"Ad	a mul	tife	- Marie		ONSET	VAL BETWEEN AND DEAT
PART I. DEA 193.9 Conditions, if a gove rise to i couse (o), stating lying couse lost.	ATH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO ony, which mmediate the under- {c}	) <b>3</b> L	ioblas	ton	NOT RELATED TO THE TERM	D	CONDITION GIV	EN IN PART	ONSE1	WAS AUTOP
PART I. DEA  193.9  Conditions, if or gove rise to it couse (o), storting lying couse lost.  PART II. OTI  20a. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY)	ATH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO ony, which mmediate the under- {c}	o) gl	INTRIBUTING TO D	EATH BUT N		IINAL DISEASE		EN IN PART	ONSE1	WAS AUTOR
PART I. DEA  193.9  Conditions, if of gove rise to icouse (o), storting lying couse lost.  PART II. OTI  20a. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY)	ATH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO DUE TO Only, which the under- HER SIGNIFICANT CON  AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCR	INTRIBUTING TO D	OCCURRED	NOT RELATED TO THE TERM	Part I or Part	II of item 1B.)		ONSE1	WAS AUTOP
PART I. DEA  1 9 3 9  Conditions, if of gove rise to it couse (o), stoting lying couse lost.  PART II. OTHER  20a. ACCIDENT W. OR CONTRIBUTING (IF EITHER. NOTIFY Hour o. m. p. m.  21. I certify the alive an Belonature Actual signature and the sig	ATH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO DUE TO Only, which the under- the under- (c HER SIGNIFICANT CON  AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)  TY Month, Doy, Yee  19	20b. DESCR  20b. DESCR  While of work [ deceased, 19.59	URY OCCURRED Not while of work	OCCURRED  20e. PLA: foct	NOT RELATED TO THE TERM  : (Enter noture of injury in	Part I or Part  part I or Part	or town)  3., 1959 the causes a reet, city ar town,	(Co ,that I la nd on the	ONSET	WAS AUTOF PERFORMED?  (Stort the dece
PART I. DEA  1 9 3 9  Conditions, if of gove rise to icouse (o), stoting lying couse lost.  PART II. OTI  20a. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY Hour o.m. p. m.  21. I certify the alive an Real ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	ATH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO DUE TO ONLY, which mediate the under- HER SIGNIFICANT CON  AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)  BY Month, Day, Yea  The proof of t	20b. DESCR  20b. DESCR  20d. INJu While of work [ deceased	URY OCCURRED  Not while of work  MC, USN  22c. NAME OF CEA	OCCURRED  20e. PLA foct  at death	NOT RELATED TO THE TERM  CE OF INJURY (Home, for fory, street, office bldg., ex occurred at 9:30)  A.D	Part I or Part  Part I or Part  P. M. (City  P. M. from  ADDRESS (Sh  Yal Hor	or town)  3., 1959 the causes a reet, city ar town,	,that I land an the state)	I(o) 19.  Nonty)  Post saw  e date  2 -	WAS AUTOP PERFORMED (Stort the dece

deoth. Page ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 haurs often may be retained. The haspitol or ottending physician.

O FUNERAL DIR.

OR: After this certificate has been signed by the ottending physician and completely filled in by the page 3 should be detached for use as the burial-transit permit. Then please remove corban papers. Pages 1 and 2 shather egistrar prior to burial, crematian, or removal, and in any event within 72 hours after death.

TO FUNERAL DIR TO HOSPITAL OR VS A15 (4) 1SM 10/57

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	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physician.	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physician.  TO FUNERAL DIRE A: After this certificate has been signed by the attending physician and completely filled in by the phereal director,	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physician.  TO FUNERAL DIRE A: After this certificate has been signed by the attending physician and campletely filled in by the pared director, page 3 should be elached for use as the burial-transit permit. Then please remove carbon pages 1 and 2 should be high the plant of the please remove carbon pages 1 and 2 should be high the pages 1 and 2 should be high the plant of th	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physician.  TO FUNERAL DIRE A: After this certificate has been signed by the attending physician and campletely filled in by the parend director, page 3 should be elached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, or removal, and in any event within 72 hours ofter death.

VS A15 (4) 15M 9/55

1. PLACE OF DEATH  G. COUNTY MONTGOMERY MARYLAND	2. USUAL RESIDENCE (Where deceosed lived. If institution: Residence before admission) a. STATE JARYANA b. COUNTY RINE & CURG
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  SIL URR SPRING  5 WKS	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street address), or INSTITUTION LE JEAN GARDENS SANT FORIUM	d. STREET ADDRESS ROLL TE #2 Boy # 178  e. IS RESIDENCE ON A FARM? YES   NOT
3. NAME OF DECEASED (Type or print) CYNTHIA PACHAEL	RABER 4. DATE Month Day Year OF DEATH FEB. 179 1959
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED	B. DATE OF BIRTH  9. AGE (In years   IF UNDER 1 YEAR IF UNDER 24 HRS.    10st bigthday)   Months   Doys   Hours   Min.    10st bigthday)   Months   Doys   Hours   Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRIBUTION (Give kind of work done 10b. KIND OF BUS	TRY 11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY:
-JOSEPH BANE	PRISCILLA DYR
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. II	LLIS E RABER-ROUTE 2- By 4/78
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  DUE TO  Canditions, if any, which gave rise to immediate cause (a), stating the under-lying cause last.  Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	not related to the terminal disease condition given in Part 1(g) 19. Was autopsy Performed?
GR CONTRIBUTING LI CAUSE OF DEATH	D. (Enter nature of injury in Port I or Part II of item 18.)  CCE OF INJURY (Home, farm,   20f. (City or town) (County) (Stote)
	tary, street, office bldg., etc.)
21. I certify that I attended the deceased from January alive an Facture 13 12 59, and that death SIGNATURE ROLL TO THIS ADE NAME (Type) ROBERT TO THIS ADE	accurred at 6140 PM, from the causes and an the date stated above  ADDRESS (Street, city or town, state)  DATE SIGNED  ADDRESS (Street, city or town, state)  DATE SIGNED  ADDRESS (Street, city or town, state)
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF PROVIDENCE OF COMPANY	CREMATORY 22d. LOCATION (City, town, or county) (State)
23. FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  -517-11	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE  DATEEB 2 0 '59  Outhur S. Kroud

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VS A15 (4) 15M 10/57

#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2132 CERTIFICATE OF DEATH

8 02111 Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY MO	ntgomery		MARYLAND	2. USUAL RESIDENCE (W o. STATE Mary)		d lived. If instituti b. COUNTY			ssion)
b. CITY OR TOWN RURAL ond give	(If outside corporale lim	nits, write c.	LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corpo	rote limits, write R	URAL and give	nearest tow	m)
	hersburg			Hager	stown		2103	1.2	
d. NAME OF HOS	PITAL (If not in hospital, Methodist H	give street oddr	ress)	d. STREET ADDRESS 131 E. Wa	shingt	on St.		e. IS RE	SIDENCE A FARM?
3. NAME OF DECEASED (Type or print) He		rst F	Middle <b>Virginia</b>	Raff	4. DATE OF DEATH	Fe	6	Day 9	Year 1959
5. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH		9. AGE (In years	IF UNDER 1 Y		7
Female	White	WIDOWED 2	DIVORCED [	Oct. 1st, 18	368	lost birthdoy) 90 yrs.	Months Do	ys Hours	Min.
House W	orking life, even if retire	done 10b. KIN d)	D OF BUSINESS OR IND	USTRY 11. BIRTHPLACE (SIGN	. near			S.A.	T COUNTRY?
13. FATHER'S NAME				14. MOTHER'S MAIDEN		E 11 1			
	Doffort				el Mil	ler		706	
1S. WAS DECEASED E' (Yes, no, or unknown)	VER IN U. S. ARMED FO		CIAL SECURITY NO. 17.	asbury Mo	tlerder	1-Horre	ress for	rolles,	fury
Conditions, if gove rise to couse (o), stotin lying couse los	immediate DUE To	co hype	tensine f	cular acc	iden us hu	ont des	farl		71-59
САТІС	THER SIGNIFICANT COL	NDITIONS/CON	TRIBUTING TO DEATH BL	OT NOT RELATED TO THE TERM	AINAL DISEAS	E CONDITION GIV	/EN IN PART 1(	PERF	AUTOPSY ORMED?
OR CONTRIBUTION	MAS UNDERLYING A  G CAUSE OF DEATH  FY MEDICAL EXAMINER)	20b. DESCRIB	E HOW INJURY OCCURR	RED. (Enter nature of injury in	Part I or Por	t II of item 18.)			
20c. TIME OF INJU Hour a. m p. m	10	While	RY OCCURRED 20e. F Not while f at work	PLACE OF INJURY (Home, for octory, street, office bldg., et	m, 20f. (City	or town)	(Cou	nty)	(Stote)
ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	that I attended the 2 - G anak E Sarah E. G	19 5 9 Slover, 1	2, and that deat	, 19 <i>56</i> , to	ADDRESS (S			date stat	
REMIDVAL (Specif	1 - 12-	of 59 m	Rose Hu	OR CREMATORY	22d. LOCA	TION (City, town	br county)	(Sto	bed-
23. FUNERAL DIRECTO	or's SIGNATURE Pa	rtuce	L. Laith	enfluxy TATE	P BY REGIST		STRAR'S SIGNA		

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Jamak E Ellen.

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 OLOG MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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FOR STATE

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HEA	LTI	1 D	EPT
or. Page	(Fig.	M	)

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 haurs after death. If any delay is necess execute the certifies, writing the ward "pending" in pendit in them, 18. Give Pages 1, 2, and 3 to the funeral direction 4 should be far fided to the Chief Medical Examiner's Office along with form PM3. Page 5 may be relatined for TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Boars or its designated agent, prior to burial, cremation, or removal, and in any eyem within 72 haurs after death.

VS. A15ME 5M 2/57

2133	Reg, Dist. No.
1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
O. COUNTY M COLLEGE AND MARYLAND	o. STATE was b. COUNTY minte
b. CITY OR TOWN (If outside forporate limits, write RURAL   C. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give morest town)
and/give rearest lown)	× 4. T P-1
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street abdress)	d. STREET ADDRESS . IS RESIDENCE
mad 12 27 A. 1 4	mal O 37 - VES NO W
3. NAME OF First Middle	11184 13 = 2
DECEASED	OF
(Type or print) Wandle Law Q	mounted Feb.
	DATE OF BIRTH  9. AGE (In years led birthday)  Months Days Hours Min.
french White WIDOWED DIVORCED	8-3-57 m 5 24
10g. USUAL OCCUPATION (Give kind of work done   10b. KIND OF BUSINESS OR INDUST   during most of working life, even if retired)	RY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	ma M.S.C.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Charles Kamburg	Mary Shaw
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. II [Yes, no, or unknown]   (If yes, give war or dates of service)	NFORMANT Address
1 60	ery Bausburg ( mother) Ilen 2
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) CAPTURE	rudde.
475 X DUE TO ( )	
Conditions, if ony, which) the Alahea Readie	extra. I lester 1 wh
gave rise to immediate cause DUE TO	
(a), stating the underlying cause tost.	
The state of the s	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	PERFORMED? YES NO NO
	inter nature of injury in Port I or Port II of item 18.)
200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING COURSED. (ED. CAUSE OF DEATH.	
	CE OF INJURY (Home, form, 120f. (City or town) (County) (State)
Hour a.m. While Not while foct	ory, street, office bldg., etc.)
21. I certify that I taak charge of the remains described abo	
apinian death resulted fram: Natural causes 🔀, Accident	, Suicide , Hamicide , Undetermined manner
ACTUAL & A BALL D. A	DATE SIGNED
SIGNATURE Many J. Machair	_M.D. CHIEF MEDICAL EXAMINER []
EXAMINER'S FINALLY TO	ASSISTANT MEDICAL EXAMINER 2 - 18-59
NAME (Type) PAANK J. DIOSCHZLT	DEPUTY MEDICAL EXAMINER
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR REMOVAL (Specify)	
Burial Feb. 20, 1959 Derwood	
23. FUNENAL GIRECTOR'S SIGNATURE ADDRESS DOMO GOLLA	Md 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
Olin L. Molsunth Damascus,	Ma. DATE PEB 2 4 39 Curling S. Thank

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Rea. Dist. No

1. PLACE OF DEATH 0. COUNTY MO	NTGOMERY		MARYLAND	2. USUAL RESIG	MARYLAN	deceased li	ved. If instituti b. COUNTY		e before adm NTGOME	
RURAL ond give n	(If outside corporate limited earest town) OMA PARK	its, write c.	LENGTH OF STAY IN 16		OWN (If outs		e limits, write R	URAL end gi	ve nearest to	wn)
d. NAME OF HOSPI	TAL (If not in hospital, S WASHINGTON	SAN. &	fress)	d STREET A		ORELA	ND AVEN	UE	ON	ESIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	Fid HE	NRY	Middle GORMAN	RAY	4	DATE OF DEATH	Mon FEB	th RUARY	Doy 3	Yeor 19 59
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED	NEVER MARRIED DIVORCED	JAN. 2			AGE (In years last birthday) 74 yrs.	The state of the s	YEAR IF UN	
100. USUAL OCCUPATI during most of wor LETTER C	king life, even if refired	) ]	DO OF BUSINESS OR INC	D/A 1	ACE (Stote or RYLAND	foreign coun	try)		S.A.	AT COUNTRY
13. FATHER'S NAME EMORY F	. C. RAY			14 MOTHER'S ELIZA	MAIDEN NAM		WARD			
15. WAS DECEASED EV	ER IN U. S. ARMED FOR (If yes, give wor or dates of s	(ervice)		INFORMANT	nce Ray	7, 690	Add 8 Westm	orelor	nd Ave	
PART I. DE. 420./ Conditions, if of gove rise to couse (o), stoting lying couse last.	the under-	y Co	ronau	dial.	et f	fore	Tion ase	Ng Tier	2 V	BETWEEN DO DEATH
PART II. OT	HER SIGNIFICANT CON	DITIONS CON	OUL DOSES	UT NOT RELATED TO	THE TERMINA	L DISEASE C	ONDITION GIV	EN IN PART	PERI	ORMED?
OR CONTRIBUTING	AS UNDERLYING  GOOD CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRI	BE HOW INJURY OCCUR	RED. (Enter nature of	Finjury in Por	t I or Part II	of item 18.)			
20c. TIME OF INJUI Hour o. m. p. m.	RY Manth, Day, Ye 19	While _	IRY OCCURRED 20e. Not while of work	PLACE OF INJURY (I factory, street, office	tome, farm, bldg., etc.)	20f. (City or	town)	(Ce	ounty)	(Stote)
21. I certify the alive an	nat I attended the	deceased, 19-5	I, and that dea	_ M.D	7 A 36			nd an the		ted above
PHYSICIAN'S NAME (Type)	ANFOR		7, 1, 1, 1, 1, 1	DALLIN		nite per vice dip ten que que que con e				
220. BURIAL, CREMATIC REMOVAL (Specify BURIAL)	2/5/59		UNION CEMETERY				N (City, town, o			co., MI
23. FUNERAL DIRECTOR		INC.	ADDRESS SILVER SPI	RING, MD.	24a. REC'D B	Do. tree		STRAR'S SIGI	NATURE	

TENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after may be retained whe haspital or attending physician.

TO FUNERAL DIRE, OR: After this certificate has been signed by the attending physician and completely filled in by the page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shi the registrar prior to burial, cremation, ar remaval, and in any event within 72 haurs often-death. VS A15 (4) 15M 9/55

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	STATE OF THE STATE OF	n a promise					

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

2134

**CERTIFICATE OF DEATH** 

00760

Reg. Dist. No.

	nag. Diai. 170,
1, PLACE OF DEATH  0. EQUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE
MONTGOMERY MARYLAND	MARYLAND 6. COUNTY MONTGOMERY
b. CITY OR TOWN (If autside corporate limits, write   c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
RURAL and give negrest town SPRINC 29 VRC	5/51LIVER SPRING
d. NAME OF HOSPITAL (If not in hospital, give street oddress)	d. STREET ADDRESS e. IS RESIDENCE
OR INSTITUTION	DASCOLT DICE DANS ON A FARM?
3. NAME OF DECEASED (Type or print) LOTT'F Middle	dMcNd DATE Month Day Year OF DEATH 2 4 19 59
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
FEMALE WHITE WIDOWED DIVORCED	NOV 11, 1886 Tay yrs. Months Days Hours Min.
0a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU during most of working life, even if retired)	STRY 11. 81RTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY
VET COUNTER RETIRED US GOV	TI WASH. DC. 1154.
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
CHARITS SHARF	MARCHET
5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	NFORMANT Address = 6/50.65
(Yes, no, on unbrown) (If yes, give wor or dates of service)	000 205- 1/ Cilin 1/ 2.0.25 ELEN KOSS K
110/12 14/	PROFIRE 1 STAN SIL STE MD
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), ond (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0)	of dener
581.0 DUE TO	
Canditians, if any, which ) (b)	
gave rise to immediate During	
lying cours last	
	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
The state of the control of the cont	PERFORMED?
	YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Part I or Part II of item 18.)
	ACE OF INJURY (Home, form, 20f. (City or town) (County) (State) ctary, street, affice bldg., etc.)
Hour o. m. While Nat while of wark of work	tory, sheer, drive blog., etc.)
The state of the s	10 8 10 topreson 10 29 well as
21. Certify may I dirended me deceased fram,	17. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19
alive on 700, and that death	accurred at A. 45PM, from the causes and an the date stated above
10 21 01	ADDRESS (Street, city or town, state)  DATE SIGNED
SIGNATURE PRIMATOR and suggested	M.D. 21 Muverity /Sho 2. 2/4/59
PHYSICIAN'S	1 1 - 1 - 1 - 1
NAME (Type)	Delver Spring, file,
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY O	R CREMATORY 22d. LOCATION (City, toyn, or county) (Stote)
REMOVAL (Specify) 2-7-59 RICK CRED	Y CEM WIFECTED OF WHOULD
3. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24g., REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
11/11/ CHALLET DO 6 11/1	•
W	ST MAGNE FEB 6 '59 Continue & House

eral director, ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4 After this certificate has been signed by the attending physician and campletely filled in by the fact this certificate has been signed by the attending physician and campletely filled in by the fact the as the burial-transit permit. Then please remark carbon papers. Pages 1 and 2 should be a fact that the burial-transit permit. ached for use as the burial-tronsit permit. TO FUNERAL DIRECTOR TO HOSPITAL OR VS A15 (4) 15M 10/57

72 hours after death.

the registrar prior to buriol, cremotion, or removal, and in any event within

bushes

4 JENE				21:	35	CER
	1.	PLACE OF DEATH a. COUNTY Montgome	rv			MA
eath:		b. CITY OR TOWN	I (If outside corp	orate fimi	ls, wrile	c. LENGTH OF ST.
P A		Bethesda		)		8 days
by the		d. NAME OF HOS OR INSTITUTION U. S. Na	N	pita.		oddress)
hour and	3.	NAME OF DECEASED	-	Fir	st	Mid
ithin 24 ily filled Pages 1		(Type or print)		Pat:	rick	Sea
Page P	5.	SEX	6. COLOR	OR RACE	7. MARI	RIED NEVER MAI
× election ×	1	Male	Cauca	sian	WIDOW	ED DIVOR
ond comple on papers.		NONE  FATHER'S NAME	TION (Give kind orking life, even	of work of if retired	done 10b.	KIND OF BUSINESS
death certificate be extending physician and please remove carbon within 72 haurs after at	15.	Clark A.				SOCIAL SECURITY
ng p	(10	NO NO	(It yes, give war	or dates of s	ervice)	None
quires that the igned by the al permit. Then in any event v	The State of the S		eath was cau immediate ony, which immediate ig the under-	SED BY:	l	ne for (a), (b), and myslow
: The faw req ing physician, te has been si burial-transit remaval, and	CERTIFICATION					CONTRIBUTING TO
r atending certificate e as the bu		20a. ACCIDENT N OR CONTRIBUTION (IF EITHER, NOTIC	NG CAUSE O	F DEATH	ZUB. DES	CRIBE HOW INJURY
G PHYSICIAN: 71 bital or attending r this certificate h for use as the bur cremation, ar ren	MEDICAL	20c. TIME OF INJ Hour o. m p. m		Day, Yea	While of wor	NJURY OCCURRED  Nat while of work
OR ATTENDING PI		21. I certify alive an Fe		ded the	deceas	ed fram Febr
		ACTUAL SIGNATURE	nathe	w l	v. 6	Wood H
OSPITAL  Y be retai  UNERAL I  ge 3 shoul  registrar		PHYSICIAN'S NAME (Type)	Matthew	W. V	VOOD,	LCDR, MC
HOSPITAL OR may be retained FUNERAL DIRE coge 3 should be the registrar prior	220 Bu	BURIAL CREMAT REMOVAL (Specifical - Shir		E THEREO	_	22c. NAME OF CI

VS A15 (4) 15M 10/57

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

	21:	35	CERT	IFICA	TE OF DEATH	1		Reg.	Dist. No	. 21	5
. PLACE OF DEATH a. COUNTY Montgomer	У		MAR	YLAND	2. USUAL RESIDENCE (WE o. STATE Puerto Rice		ed lived. If insti b. COUN		dence befo	ore admis	sion)
b. CITY OR TOWN (	If outside corporate limi	ls, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (If	outside corp	orote limits, writ	RURAL	nd give ne	arest low	n)
Bethesda			8 days		Ramey Air I	Force	Ra se	8	9 X -	3	
	TAL (If not in hospital, g	ive street	oddress)		d. STREET ADDRESS	0100	270 00			e. IS RE	SIDENCE
	al Hospita	1			APO 845 c/0	PM,	New Yor	k, N.	Y.		NO A
NAME OF DECEASED	Fir	st	Middle	,	Lost	4. DATE	A	lonth	De	зу	Year
(Type or print)		rick	Sean		REEVES	DEATH	Feb	ruary	7 1	9	1959
SEX	6. COLOR OR RACE	7. MARE	IED NEVER MARRI	ED 🖾 B	B. DATE OF BIRTH		9. AGE (In year lost birthdo:	IF UNI			ER 24 HRS.
Male	Caucasian	WIDOW	DIVORCE	0	10-30-58			Month	28%	Hours	Min.
. USUAL OCCUPATION		done 10b.		OR INDUST	TRY 11. BIRTHPLACE (Stote	or foreign	country)	12.	CITIZEN C	F WHAT	COUNTRY
None	xing me, even in terried				Puerto R	ico			U.S.	Α.	
FATHER'S NAME					14. MOTHER'S MAIDEN	NAME					
Clark A. R	REVES				Margaret (	CAYLOT	3				
WAS DECEASED EVE	R IN U. S. ARMED FOR		SOCIAL SECURITY NO	). 17. IN	FORMANT	<i>7111110</i>		ddress NE	val	Med.	Res.
NO NO. or unknown)	(It yes, give war or dates of s	ervice)	None	(F)	Clark A. Ree	eves.	ET1. US	N Be	thes	da.	Md .
18. CAUSE OF DEA	ATH [Enter only one co	use per li	ne far (a), (b), and (c)	.]						ERVAL BI	
PART I. DEA	TH WAS CAUSED BY:	n	melon	20011	and on -				ON		DEATH
751X	DUE TO	,			Bocales -					LAM	0 200
Conditions, if o		0	Drown	1	0					- 11	
gave rise to i	mmediote (		A CONTRACTOR OF THE PARTY OF TH	and.	KAND)						
lying couse lost.	the under-										
	HER SIGNIFICANT CON	,	CONTRIBUTING TO DE	ATH BUT N	NOT RELATED TO THE TERM	INAL DISEA	SE CONDITION	GIVEN IN F	'ART 1(o)	PERFC	AUTOPSY ORMED?
20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY O	CCURRED	. (Enter nature of injury in	Port I or Po	rt II of item 18.)				
20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Day, Yes	While	NJURY OCCURRED  Not while  t of work	20e. PLA	CE OF INJURY (Home, form ory, street, office bldg., etc	, 20f. (Cit	y or town)		(County)		(State)
21. I certify th	at I attended the	deceas	ed from Febru	ary	11, 1959, toFel	bruar	y 19, 195	9 that	I last se	aw the	decease
					accurred at 1:30						
			, , , , , , , ,				Street, city or to		The du		ATE SIGNE
ACTUAL THE SIGNATURE	wather 1	41. 4	Val me	-	U. S. Na						0-59
AND THE RESERVE AND THE RESERV			-		1.0						
PHYSICIAN'S NAME (Type)	atthew W. V	WOOD.	LCDR, MC,	USN	Bethesda	14, 1	Maryland				
- BURIAL CREMATIO	N. 22b. DATE THEREO	F	22c. NAME OF CEM				TION (City, tow		w)	101	lal
REMOVAL (Specify)	ment 2-21-5	9		Kno	1		NKNOU			inoi	
	S SIGNATURES			1100				GISTRAR'S			2
dama Funos	cal Home, 4	748	IT SO ATO MI	J Was		D BY REGIS					
damp Lanel	Lat Home, 4	140	ATOC. WAG 'IN	W Mas	DATE	7 7 3	0	Jhung 2	1. Through	R	

Martin Land Control (Carlo) (School Carlo) (School



VS A1S (4) 15M 10/57

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#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 2136 CERTIFICATE OF DEATH **CERTIFICATE OF DEATH**

0	0	4	1	
- 1	2	1	I	1.

n. PLACE OF DEATH o. COUNTY  Montgomery	MARYLAND 2.	USUAL RESIDENCE (WHO STATE Maryland	b. CC	nstitution: Residence UNITY		sion)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	OF STAY IN 16	c. CITY OR TOWN (If o				7)
Dickerson 10	vrs ×	Dickerso	n.			
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION		d. STREET ADDRESS				FARM?
3. NAME OF First DECEASED (Type or print)  Inther Alon	Middle	Lost	4. DATE OF DEATH	Month	/	Yeor 1950
5. SEX 6. COLOR OR RACE 7. MARRIED NEVE	MARRIED 1 8. D	ATE OF BIRTH	19. AGE (In	VEGES JIF UNDER I	YEAR IF UND	
	OLVORCED I	oril 26-188	lost birtl		Doys Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUS during most of working life, even if retired)			or foreign country)	12. CITI	ZEN OF WHAT	COUNTRY
Retired farm owner		Maryla	nd	TT	S	
13. FATHER'S NAME	14	MOTHER'S MAIDEN N			••	
Robert S. Renneberger	5-1-1-1	Virginia	Eader			
IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECU	RITY NO. 17. INFO			Address		
No	Rober	rt Renneber	con Di alcone	ron Massal		
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b),	and (c) ]	- redunanat	SATT MICHEL	TOTAL MANAGEMENT	INTERVAL BE	TAZEENI
PART I. DEATH WAS CAUSED BY:		. 1.			ONSET AND	DEATH
IMMEDIATE CAUSE (0) CENETE!	zed Larc	cinoma Tosi	5		2 m6	nthy
154X DUE TO		DE LA FILLE			14	
Conditions, if ony, which ) CANCEY	125 +	he yest	11 14		5 n	eam
gove rise to immediate	0)				7 0	
couse (o), stoting the under-						
lying couse lost. (c)						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	TO DEATH BUT NOT	RELATED TO THE TERMI	NAL DISEASE CONDITIO	N GIVEN IN PART	1(o) 19. WAS PERFO	AUTOPSY RMED?
5					YES 🗌	NO 🗌
20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW IN OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	BURY OCCURRED. (Er	nter noture of injury in F	art I or Port II of item	8.)	YES 🗆	NO [
	RED 20e. PLACE (	ofer noture of injury in F DF INJURY (Home, form, street, office bldg., etc.	20f. (City or town)		YES	(Stole)
20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW IN OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Year Hour o. m. 19 While Not whi of work   01 work   02 work   03 work   03 work   03 work   03 work   03 work   04 work   04 work   04 work   05 work	RED 20e. PLACE (factory,	DF INJURY (Home, form, street, office bldg., etc.	20f. (City or town)	(Co	ounty)	(Stote)
20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW IT OF CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Year Hour o. m. 19 While Not while of work   of work   of work   21. I certify that I attended the deceased from.	RED 20e. PLACE (factory,	OF INJURY (Home, form, street, office bldg., etc.	20f. (City or town)	(Co	ounty)	(Stote)
20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW IT OF CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Year Hour o. m. 19 While Not while of work   of work   of work   21. I certify that I attended the deceased from.	RED 20e. PLACE (factory,	DF INJURY (Home, form, street, office bldg., etc.  7, 1952, ta_1  curred at 7301	20f. (City or town)  7	(Co	ounty)	(Stote)
20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW IT OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Year While Not white p. m. 19 While of work   19 work   19 work   21.   Certify that I attended the deceased from 12 alive an 12 59, and	RED 20e. PLACE (factory,	OF INJURY (Home, form, street, office bldg., etc.  7. 19.52, ta/.  curred at	20f. (City or town)	(Co	ounty)	(Stote)
20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW IT ON CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCUB While Not whi of work of work of work of work alive an 19 19 19 19 19 19 19 19 19 19 19 19 19	RED 20e. PLACE (factory,	DF INJURY (Home, form, street, office bldg., etc.  7, 1952, ta_1  curred at 7301	20f. (City or town)  7	(Co	ounty)	(Stote)
20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW IT ON CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCUB   While   Not whi of work   of work	RED 20e. PLACE (factory,	DF INJURY (Home, form, street, office bldg., etc.  7, 1952, ta/ curred at_7301  Baynes	20f. (City or town)  7	(Co 959, that I lo ses and on the town, stote)	ounty)  ast saw the e dote state  18	(Stote)  decease ed abave ATE SIGNE
20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW IT OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m. 19 20d. INJURY OCCUBE While Not white of work of work of work of work of work alive an 19 4 4 4 4 7 7 19 59 19 19 19 19 19 19 19 19 19 19 19 19 19	20e. PLACE of factory.  2 4 Jan have death occurrence.  M.D.	DF INJURY (Home, form, street, office bldg., etc.  7, 1952, ta/ curred at_7301  Baynes	20f. (City or town)  7. Fab., 1  2M, from the cau	959, that I loses and on the town, stote)	ounty)  ast saw the e dote state  18	(Stote)  decease ed abave ATE SIGNE
20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW IT OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m. 19 20d. INJURY OCCUBE While Not white of work of work of work of work of work alive an 19 4 4 4 4 7 7 19 59 19 19 19 19 19 19 19 19 19 19 19 19 19	20e. PLACE of factory,  24 Jan have d that death occ  M.D.  DF CEMETERY OR CRI	DF INJURY (Home, form, street, office bldg., etc.  7, 1952, ta/ curred at_7301  Baynes	20f. (City or town)  7. Fab., 1  M, from the cau ADDRESS (Street, city or	959, that I loses and on the town, stote)	ounty)  ast saw the e dote state  18 F	(Stote)  decease ed abave  ATE SIGNE

ATTAMEND TO STATE THE PROPERTY OF THE PROPERTY			MINA TELEVISION		
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		a mile of the Landing			
		ALL YES IN E. S.			
			200221 22		

# FOR STATE HEALTH DEPT.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
2137MEDICAL EXAMINER'S CERTIFICATE OF DEATH

02115

Reg. Dist. No.

1. PLACE OF				ere deceased lived. If institu		lmission)
a. COUN1	mintagnery	MARYLAND	o. STATE MC	b. COUNTY	monly	
b. CITY O		c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If a	outside corporale limits, write	RURAL and give nearest	town)
and giv	Lilar Sking	8400	56 / lela	spring		
d. NAME	OF HOSPITAL OR INSTITUTION (IF OF	in hospital, give street address)	d. STREET ADDRESS	0/1-1	e. tS	RESIDENCE N A FARM?
90	3 Patton B		902	Valley &		□ NO 🔽
3. NAME OF		Middle	C Lost 4	I. DATE Month	Doy	Yeor
(Type or p		larence	Rice	DEATH 2-	10-	1959
5. SEX	COLOR OR RACE 7.	MARRIED NEVER MARRIED 8.	DATE OF BIRTH	9. AGE (In years feet birthday)	Months Days Hour	-
m	ale White WII	DOWED DIVORCED	11-22-67	7 9/ yrs.	Monnis Doys 11001	3 141111.
10a. USUAL	OCCUPATION (Give kind of work dane ast of working life, even if retired)	10b. KIND OF BUSINESS OR INDUST	TY 11. BIRTHPLACE (State of	r fareign country)	12. CITIZEN OF WHA	T COUNTRY?
n	n. D.		NY.		11-80	
13. FATHER	S NAME		14. MOTHER'S MAIDEN NA	ME	*	
110	aved 2 Kic	e	Ludia C	offen		
15. WAS DE	CEASED EVER IN U. S. ARMED FORCES		IFORMANT 1	Address Address	mad RD	
no	0	none En	yeur C. Ric	e 9,000	shu	
18. CAU	ISE OF DEATH [Enter only one cause po	er line for (o), (b), and (c).]	7	0000	INTRVAL BE	TWEEN DEATH
P	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Common ora	lusion		such	elu -
4.	20.1 DUE TO				5	7 1 1
Condit	tions, if any, which ) (b)				Jours	Bush
	se la immediate cause				00	eem
couse l	anny the underlying				feore	_
3 1	PART II. OTHER SIGNIFICANT CONDITION	ONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMIN	IAL DISEASE CONDITION GIV	EN IN PART 1(a) 19. WA	S AUTOPSY FORMED?
N. C.					YES [	
20a. EXT PRIMAR CAUSE	TERNAL CAUSE WAS 20b. D	ESCRIBE HOW INJURY OCCURRED. (E	nter nature of injury in Part I	f or Port II of item 18.)		
CAUSE	Y Or CONTRIBUTING OF DEATH.					
3 20c. TIN	AE OF INJURY Month, Doy, Year	20d. INJURY OCCURRED 20e. PLAC	E OF INJURY (Home, farm,	20f. (City or town)	(County)	(Slote)
20c. TIN	our a. m. p. m. 19	While Not while at work of wark	ory, street, affice bldg., etc.)			
	certify that I took charge af		ve, held an Autopsy	Inspection K.	Inquiry X.	and in my
	on death resulted from: Nat				ermined manner	7
Opinic	A Tom: Not	na causes (A), receivent [			ica maimer	
ACTUA		and land	CHIEF MEDICAL EXA	MINER	DAT	E SIGNED
SIGNA	TURE VILLE Y . / d	Mor War	_M.D. ASSISTANT MEDICAL	_		
EXAMI NAME		Broschant	DEPUTY MEDICAL EX	7 -	10-59	
220. SURIAL	CREMATION, 226. DATE THEREOF	22c. NAME OF CEMETERY OR	CREMATORY	22d. LOCATION (City, Iown,	or county) (S	tote)
REMOV	VAL (Specify) 2/14/59	Rock Creek	Cemetery	Washingtor	1, D.C.	
Santana and the santana	AL DIRECTOR'S SIGNATURE	ADDRESS .	+ NT TAT 240. REC'D	BY REGISTRAR 246. REGIS	STRAR'S SIGNATURE	
The	S.H. Hines Comp	2901 14th SpanyWashington	9. D. O PATE	16'59 ani	hun S. Kraus	
		~ W 14 25	7 4 1/4 1/4		THE RESERVE TO SERVE THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED	

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certifice, writing the ward "pending" in pendi is them. 18. Give Pages 1, 2, and 3 to the funeral direction. Page 4 should be form, ded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for a files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages—Lond 2 with the State Board Affection, or its designated agent, prior to burial, cremation, ar removal, and in any event within 72 hours after death. VS. A15ME 5M 2/57

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## MARYCAND STATE DEPARTMENT OF HEALTH-BAILTHONG TO THE STAMPS I CARREST OF DEATH A

THE RELEASE

		Charles of the
		Marie College
		FELL STREET
		TO KEEP MACH
A Secretary of the Secr		A PROPERTY OF SERVICE
		THE COMMENT OF STREET
SAME SAME LAND IN THE		
		The state of the s
The state of the s		

# FOR STATE HEALTH DEPT

TO DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 hours after death. If any delay is necessary, please execute the certificities, writing the word "pending" in pendil in Item 18. Give Pages 1, 2, and 3 ta the funeral direction. Page 4 should be farmed for the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for the files.

TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, are its designated agent, priar to burial, cremotian, or removal, and in any event within 72 haurs after death. I

VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 2138 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

02116

Reg. Dist. No.

•	a. COUNTY Montge			MARYLAND	2. USUAL I			ved. If institu b. COUNT	Υ	cobefore odmission)
1		VN (If autside corporate limits, writ	BURAL	c. LENGTH OF STAY IN 16		or fown (#	outside corporat	e limits, write	RURAL ond	(Iva neorest town)
0		ospital or institution (		pitol, give street oddress)		T ADDRESS	harles	Street		e. IS RESIDENCE ON A FARM? YES NO
	3, NAME OF DECEASED (Type or print)	Clif	ford	R. Rickett		ost	4. DATE OF DEATH	Feb.		959 Yeor 19
	5. SEX Male	White	WIDOWE		March	3,190	3	GE (In years set birthday) 55 yrs.		YEAR IF UNDER 24 HRS. Hours Min.
	during most of C. P. A	working life, even if relired)		KIND OF BUSINESS OR INDUS	2.0	ryland	or foreign count	(γ)	US	EN OF WHAT COUNTRY?
	13. FATHER'S NAM				14. MOTHE	R'S MAIDEN N	NAME			
	David	Ricketts			Mau	de Fis	her			
		ED EVER IN U. S. ARMED FO			informant Mildre	dT F	Ricketts	Address -Item	# 2	
0	Conditions, gave rise to (a), stoting couse lost.	if any, which immediate cause the underlying OUE TO	)	Coronary o			INAL DISEASE CC	DUDITION GIV	/EN IN PART	ONSELAND PROPERTY OF THE PERFORMED?  YES NOTE TO THE PERFORMED?
	PRIMARY CAUSE OF DI	ATH.	or 20d. Whil	for the state of t		Y (Home, form	n, 20f. (City or		(Coun	
21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry opinion death resulted fram: Natural causes . Accident . Suicide . Hamicide . Undetermined management . Undetermined management . CHIEF MEDICAL EXAMINER . ASSISTANT MEDICAL EXAMINER . ASSISTANT MEDICAL EXAMINER . 2-8-NAME (Type) FLANK J. BLOSCH 2+4  DEPUTY MEDICAL EXAMINER . 2-8-NAME (Type)						DATE SIGNED				
	220. BURIAL, CRE REMOVAL (S Burial	MATION, 27b. DATE THERE pecify) 2/11/5	OF	22c. NAME OF CEMETERY O Cedar Hill ADDRESS	R CREMATORY		22d. LOCATION Suitla D BY REGISTRAR	nd, Ma		
1		A. Pumphre	y-Bet	hesda, Maryla	nd	DATEFE			STRAKS SIGN	

# TO STOMELAND STATE CONSTRUCTOR OF ANALYSIS OF ANALYSIS

			EDITOR OF THE PROPERTY OF THE	
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broile			69/01/3	The latest
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# FOR STATE HEALTH-DEP or, please or, Page IT files.

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TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is neces execute the certificate, writing the word "pending" in pendil in them, 18. Give Pages 1, 2, and 3 to the funeral direct should be forwarded for the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for the FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. VS. A15ME 5M 2/57

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2139

02117

Reg. Dist. No.

	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
	o. COUNTY MONTAND MARYLAND	a. STATE mel b. COUNTY monto
	b. CITY OR TOWN (If outside corpo ale limits, write RUP)   C. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside corporate limits, write RURAL and give morest lown)
	Selva Spring 2542	56 lelvan spun
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)	d. STREET ADDRESS e. IS RESIDENCE
3	933 Grays Lane	933 Grand Land YES NO N
-	NAME OF First Middle	Last 4. DATE Month Doy Year
1	(Type or print) Guelda Evelyn Re	392 BEATH 2-17 1959
11	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1	P. AGE In years IF UNDER IYEAR IF UNDER 24 HRS.  Months Days Hours Min.
	Level white WIDOWED DIVORCED	2-25-/897 6/ yrs. months boys hours min.
	0a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUST dring host of working life, even if retired)	RY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	Ronsewite Own home	Maryland M.S.C.
	I3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	INM Gray	Rase Boronica
		NFORMANT Address
	(If yes, Vive war or dates of service) none Ma	without Bleving - Item 2
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) COLONORY OCE	
	1420. Due to	The state of the s
	Condition to any think	
	gave rise to immediate cause	
-1	(a), stoting the underlying DUE TO cause last.	
		NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY
0		PERFORMED?
	200 EXTERNAL CAUSE WAS 200 DESCRIPE HOW INJURY OCCURRED IN	inter nature of injury in Port I or Part II of item 18.)
	PRIMARY Or CONTRIBUTING CAUSE OF DEATH.	and whole of many in Fort 1 of Fort 1 of Hell 10.)
		CE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ory, street, affice bldg., etc.)
	Haur a. m.  P. m.  19 White Not while at work at work	ory, and to bright view
	21. I certify that I took charge of the remains described abo	ve, held on Autopsy , Inspection , Inquiry , and in my
	opinion death resulted from: Natural causes . Accident [	
	1 1- 10	
	SIGNATURE Boul Or Byschut	M.D. CHIEF MEDICAL EXAMINER   DATE SIGNED
2	SIGNATURE	ASSISTANT MEDICAL EXAMINER
~	EXAMINER'S FLANKT Broschart	DEPUTY MEDICAL EXAMINER \$ 2-17-59
	220. BURIAL, CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR	
	BURIAL 2/20/59 ST. MARY'S CE	TO STATE OF THE PARTY OF THE PARTY AND
	22 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240 DEC'D BY DECICTORD 1246 DECICTORO'S SIGNIATION
	WARNER E. PUMPHREY, INC. SILVER SPRIN	G, MD.
	Rumond a Bisca	DATE EB 2 0 '59 Calling & Known

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VS A15 (4) 15M 10/57

2110

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

心上はり	02111110		,	Reg. Dist.	No.
1. PLACE OF DEATH o. CONNINT GOMERY County.	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Maryl	- h COUN	VTY	before admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Kensington. Maryland	LENGTH OF STAY IN 16		nny Ave.	te RURAL ond give	
d. NAME OF HOSPITAL (If not in hospital, give street od OR INSTITUTION Kensington Gardens San		d. STREET ADDRESS 10103 McKe	nny Ave S	T.	e. IS RESIDENCE ON A FARM? YES NO Z
3. NAME OF First DECEASED (Type or print) William Pi	Middle nknev Ro	berts SR.	4. DATE OF DEATH Febru	Month	Doy Year 3 19 50
	NEVER MARRIED		9. AGE (In ye	ors IF UNDER 1 Y	EAR IF UNDER 24 HRS.
Male White WIDOWED	DIVORCED	Jan. 31.1/8	10001 171	yrs. Months Do	ys Hours Min.
0a. USUAL OCCUPATION (Give kind of work done 10b. KI during most of working life, even if retired)  District Manager, Air-Reduced		STRY 11. BIRTHPLACE (Stole		621 17 160	S.A.
3. FATHER'S NAME	JOZON DUZOD (	14. MOTHER'S MAIDEN N			
William W. Roberts		Elesa	Weems		
[Yes. no. or unknown] [If yes, give wor or dates of service]	7-03-5908	Mrs. Wm. P.		Address	
18. CAUSE OF DEATH [Enter only one couse per line	for (o), (b), and (c).	1		1	INTERVAL BETWEEN
PART 1. DEATH WAS CAUSED BY:	and A	Transa			ONSET AND DEATH
163 X DUE TO	Jaco- if				1 110
Conditions if any which					
gove rise to immediate					
lying couse lost.					
PART II. OTHER SIGNIFICANT CONDITIONS COI	NTRIBUTING TO DEATH BU	NOT RELATED TO THE TERMIN	VAL DISEASE CONDITION	GIVEN IN PART 1(	o) 19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	BE HOW INJURY OCCURRE	D. (Enter nature of injury in P	ort I or Part II of item 18.)		
20c. TIME OF INJURY Month, Day, Year 20d. INJU Hour o. m. 19 While of work [	_ Not while fo	ACE OF INJURY (Home, form, ectory, street, office bldg., etc.)	20f. (City or town)	(Cou	nty) (Stote)
21. I certify that I attended the deceased	from ang	, 1976, to J	Kel-23, 19.	59 that I las	t saw the decease
alive an Hit 22 195	9_, and that death	accurred at 7.50/			
17 0 0 10 0	P	A	DORESS (Street, city or to	wn, stote)	DATE SIGNE
SIGNATURE WHEN SIGNATURE	erney	M.D	T S. MCCENEY	M.D.	1/22/
PHYSICIAN'S ROBERT S. MCCENE	7, M. D.	402 M Laure	AIN ST. L, MD.		
REMOVAL (Specify)	22c. NAME OF CEMETERY C		22d. LOCATION (City, fow		(Stote)
Burial Feb. 25,1959	St. Barnabas	24n PEC'D	Prince Geor	ge 's Cour	
Warner E. Pumphrey, Inc. S	ilver Spring	, Md.		Ilun 8 H	

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VS A1S (4) 1SM 9/SS

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#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2004 CE

#### **CERTIFICATE OF DEATH**

Reg. Dist. No.

	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
	O. COUNTY MONTGOMERY MARYLAND	O. STATE MARYLAND b. COUNTY MONT GOMERY
1	b. CITY OR TOWN (If outside corporate limits, write   c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
1	RURAL ond give neorest town)	1.× -
	d. NAME OF HOSPITAL (If not in hospital, give street address)	d. STREET ADDRESS . IS RESIDENCE
3	OR INSTITUTION of 1 company	7.1.d D
	1408-DALTIMORE AVE.	1408- DALTIMERE HVE. YES NO 8
	3. NAME OF First Middle	Last 4. DATE Month Day Year
	(Type or print) ELEANOR E.	MOWAN DEATH 2- 4 1959
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH  9. AGE (In years   F UNDER 1 YEAR IF UNDER 24 HRS.   lost birthdoy)   Months   Days   Hours   Min
	FEMALE WHITE WIDOWED DIVORCED	9-14-72 So yrs. Months Days Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU	STRY 1. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
\	RETIRED U.S. GOVT.	PHILA, PA. U.S.A.
	13. PATHER'S NAME	14. MOTHER'S MAIDEN NAME
/	WILLIAM BARR	MARY FALBEY
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	NFORMANT Address
	(Yes, no. or unknown) (If yes, give war or dates of service)	JOSEPH U. ROWAN SAME
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6)	ONSET AND DEATH
	420.0 DUE TO	The state of the s
	Conditions, if ony, which)	0 1000 10000 10000
	gove rise to immediate	as the property of the
	coese (o), stoting the under-	20 720
	lying couse lost. (c) See Colored	Course secretary
1	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO PEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19. WAS AUTOPSY PERFORMED?
		YES NO N
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO SEATH BUT  200. ACCIDENT WAS UNDERLYING CONTRIBUTING COURSE OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter noture of injury in Port I or Port II of item 18.)
		ACE OF INJURY (Home, form, 20f. (City or town) (County) (State)
	Hour o. m. While Not while	clory, street, office bldg., etc.)
	p. m. 19 of work at work	70
	21. I certify that I attended the deceased fram.	
	alive an that death	accurred at 12:30 4M, from the causes and an the date stated above.
	HIF ,	ADDRESS (Street scity or lown, stote) DATE SIGNED
	SIGNATURE A A COMPANY	M.D. 7852 16 - S6 N.W. 78/59
J.	BLANCISCIA DIE	(. A
	NAME (Type) A.F. Kreuzburg	World 12 0,0.
	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY O	R CREMATORY 22d. LOCATION (City, 19/10, or country) (State)
	Bremoval (Specify) 2-7-59 mt all	cet Cemelery Washings for Aller
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 1	1 0 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
	Francis Hallens 3821-14H SI MW. Was	26, M.C. DATEFR 5 '59 Calling & House

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No.		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ADVANCED AND DESCRIPTION OF THE	1816 - 17 - 0	
		DESCRIPTION OF THE PARTY OF THE	A Visite - Man		

STATE Kentucky

Whitesburg

MARYLAND

c. LENGTH OF STAY IN 16

6 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

b. COUNTY

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director,	1)
y filled in by the uneral director ages I and 2 should be filed with	5
illed in by es 1 and 2	
completely filled in by the uneral director papers. Pages I and 2 should be filed with	

1. PLACE OF DEATH o. COUNTY

Montgomery

b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Bethesda

the death certificate be executed within 24 hours after death. Page 4 that TO HOSPITAL OF may be retained TO FUNERAL DIRE VS A1 15M 9

50	d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION The Clinical Center, Bethesda 14, Md.			d. STREET ADDRESS	ON A FARM?		
	3. NAME OF DECEASED (Type or print)	First Marie	Middle Hazel	Lost Sandlin	OF	Month Doy Yeor Druary 24, 1959	
	5. SEX Female	6. COLOR OR RACE 7. MA White WIDOV	RRIED NEVER MARRIED DIVORCED	8. DATE OF BIRTH September	9. AGE (In ye lost birthdo 26, 1919 39	ors IF UNDER 1 YEAR IF UNDER 24 Hours Mi	
	100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Housewife  None				(RY 11. BIRTHPLACE (Stote or foreign country) 12. CITI  Kentucky		
	13. FATHER'S NAME Riley Adams			Ell	**Ellen Kinser		
		R IN U. S. ARMED FORCES? 10 If yes, give wor or dates of service)	400-16-9919	The Clinical		Address nesda 14, Maryland	
)	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  Subacute Endocarditis, Mitral Valve.  410 × DUE TO Rheumatic Heart Disease, Mitral Valveulitis:  Conditions, if ony, which)  (b) Statis Postoperative Repair, 1958					INTERVAL BETWEE	
2	gove rise to immediate couse (a), stating the under lying couse lost.    Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART					GIVEN IN PART 1(0) 19. WAS AUTOF PERFORMED YES 🔀 NO	
	20a. ACCIDENT WAS UNDERLYING DOR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.)  20c. TIME OF INJURY Month, Doy, Year 18. (County)  20c. TIME OF INJURY Month, Doy, Year 18. (County)  20c. TIME OF INJURY Month, Doy, Year 18. (County)  20c. TIME OF INJURY Month, Doy, Year 18. (County)  20c. PLACE OF INJURY (Home, farm, foctory, street, office bldg., etc.)						
/	21. I certify that I attended the deceased from February 18, 19 59, to February 24, 1959, that I last sow the deceased alive on February 24, 1959, and that deoth occurred old PM, from the causes and on the date stoted about the course of th						
	270. BURIAL, CREMATION REMOVAL (Specify) Removal 23. FUNERAL DIRECTOR	2/25/59	22c. NAME OF CEMETERY ADDRESS				

# 2005 uneral director, ENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 D FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the page 3 should be distached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 shither egistrar priar to burial, crematian, ar removal, and in any event within 72 haurs after death.

#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **CERTIFICATE OF DEATH**

02120

Reg. Dist. No.

1.		UAL RESIDENCE (Where deceased lived. If institution: Residence before admission) STATE , b. COUNTY
	b. CITY OR TOWN (If outside corporate limits, write C. LENGTH OF STAY IN 1b c. RURAL and, give neorest town)	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION Makeington San + Hosp.	STREET ADDRESS 3024 50. 5th It on A FARM? YES NO
3.	3. NAME OF DECEASED (Type or print) William Robert Sau	Lost 4. DATE Month Day Year OF DEATH 2 10 1957
L	Male White WIDOWED DIVORCED =	9. AGE (In yeors lost birthdoy)  9. AGE (In yeors lost birthdoy)  9. AGE (In yeors Months Doys Hours Min.
L	10b. KIND OF BUSINESS OR INDUSTRY IN during most of working life, even if relired ROUTEMAN (Retired)  13. FATHER'S NAME	BIRTHPLACE (Stote or foreign country)  12. CITIZEN OF WHAT COUNTRY?  ADMICLE A  MOTHER'S MAIDEN NAME
	15. WAY DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORM	Sarak Krehs
(1)	NO - 578-01-6525 996	espetal records
	18. CAUSE OF DEATH [Enter only one couse per line for (f) (b), and (c)  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	May Caluston Interval Between ONSET and DEATH
	Conditions, if ony, which gove rise to immediate but TO	seletosis 641.
	lying couse lost. (c)	
CATION	CATR	LATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES NO
		noture of injury in Port I or Port II of item 18.)
MEDICA	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o. m. 19 While Not while of work of work	INJURY (Home, farm, 20f. (City or town) (County) (State) eet, office bldg., etc.)
	21. I certify that I attended the deceased fram.	19 5 to 19 1, that I last saw the deceased gred at 19 M, from the causes and an the date stated above.
	ACTUAL SIGNATURE M.D	ADDRESS (S) reet, city or town, stote) A to DATE SIGNED
	PHYSICIAN'S NAME (Type)	Takoma tark Mg.
	220. BURIAL, CREMATION, REMOVAL (Specify) 2/12/59 2/12/59 22c. NAME OF CEMETERY OR CREM Geo. Wash. Mem. (	(older)
23	23. FUNERAL DIRECTOR'S SIGNATURE LANGER E. PUMPHREY ING. SILVER SPRING,	MD e DEED 1 2 150

TO HOSPITAL OF ATT VS A15 (4) 15M 9/55

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Marie Control of All Marie Control			,	

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# ATÉ DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 execute the certificate, writing the word "pending" in pencil in Item, 18. Giv 4 should be for yelled to the Chief Medical Examiner's Office along with for TO FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. Find the designated agent, prior to buriol, cremation, ar removal, and in any or its designated agent, prior to buriol, cremation, ar removal, and in any

VS. A15ME 5M 2/57

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d d	c'	Pag	0	87	
offe	re Pages 1, 2, and 3 to the funeral director. Page	ë.	ile pages I and 2, with the State Boord of Health	event within 72 hours ofter death.	
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#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

0212)

7110			Keg, Dist. No.
1. PLACE OF DEATH O. COUNTY		2. USUAL RESIDENCE (Where deceased lived	
Montgomery	MARYLAND		b. COUNTY
b. CITY OR TOWN (Il outside corporate limits, write BURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate I	imits, write RURAL and give nearest lown)
Silver Spring	DOA	Silver Spring	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hosp	pital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
2917 Columbia Blvd.		9205 2nd. Ave.	YES NO
3. NAME OF First DECEASED (Type or print) Calvin W. Schaef	Middle	Lost 4. DATE OF DEATH	Manth Day Year
5. SEX 6. COLOR OR RACE 7. MARRIE		DATE OF BIRTH 9. AG	(In years   IF UNDER TYEAR IF UNDER 24 HRS.
Male White WIDOWED	DIVORCED	May 3, 1894 64	yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KI		RY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
Retired Lt	. Commander	FREDERICK, MARYLA	ND U. S. A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
JASPER E. SCHAEFFER		SARAH E. STOCKMAN	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? [16. S] [Yes, no, or unknown] [ (If yes, give war or dates of service)	SOCIAL SECURITY NO. 17. IN	IFORMANT	Address
	7-18-9758 Mr	s. Josephine M. Schae	
18. CAUSE OF DEATH [Enter only one cause per line f	or (a), (b), and (c).]		Silver Springeralden
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) COTO	nary Occlusion		sudden
420.1 DUE TO			
Canditions, if ony, which (b)			
gave rise to immediate cause			•
(c), stating the underlying cause lost.			
	NTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CONT	
Z			PERFORMED?
PART II, OTHER SIGNIFICANT CONDITIONS CO  200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	HOW INJURY OCCURRED. (E	nter nature of injury in Part I or Part II of item	18.)
		CE OF INJURY (Home, form, 20f. (City or tow bry, street, office bldg., etc.)	n) (County) (State)
Hour o.m. While at wor		iny, since, office blogs, etc.,	
21. I certify that I taak charge of the r	emains described aba	ve, held an Autapsy [], Inspec	tion K, Inquiry K, and in my
apinion death resulted from: Natural c	auses A. Accident	], Suicide [], Hamicide [],	Undetermined manner
1 1- 1			
SIGNATURE Trans & Brown	chart	M.D. CHIEF MEDICAL EXAMINER	DATE SIGNED
J. S.		ASSISTANT MEDICAL EXAMINER	Feb. 24, 1959
NAME (Type) Frank J. Broschart		DEPUTY MEDICAL EXAMINER	reb. 24, 1959
220. BURIAL CREMATION, 226. DATE THEREOF	22c. NAME OF CEMETERY OR		ily, lawn, or county) (State)
BURIAL 2/27/59	ARLINGTON NAT	L. CEMETERY ARLIN	
23 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24o. REC'D BY REGISTRAR	GTON VIRGINIA 24b. REGISTRAR'S SIGNATURE
WARNER E. PUMPHREY, INC.	SILVER SPRIN	G, MD. DATE B 2 6 '59	athur & Kroun.
A CANADA THE STATE OF THE STATE			

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#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

112122

7	2006	CERTIFICATE OF	DEATH	Reg. Dist. No.	21.42
	o. COUNTY Hontqomery	MARYLAND 2. USUAL RES	IDENCE (Where deceased lived	. If institutions Residence before before before by COUNTY	re admission)
	RURAL and give nearest town 3	HOFSTAY IN 16 C. CITY OR BO	TOWN (If outside corporate lin	mits, write RURAL and give neo	rest town)
5	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION Washington Samitan, 4249 Yr.	149/4/2 38/	Brocklyn	Ave.,	ON A FARM? YES NO
	NAME OF DECEASED (Type or print) Elmer	Middle Scha	4. DATE OF DEATH	Month Do	Yeor - 19 59
	6. COLOR OR RACE 7. MARRIED N WIDOWED	EVER MARRIED   8. DATE OF BIR	7-99 9. AG	E (In years IF UNDER 1 YEAR Months Days	Hours Min.
1	00. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	BUSINESS OR INDUSTRY 11. BIRTHI	PLACE (State or foreign country)	12. CITIZEN O	E WHAT COUNTRY?
1	3. EATHER'S NAME Richard Schaffle	1/2.	s maiden name fillme	'an	
	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SI  (Yes, no. or unknown) (If yes, give war or dates at service)	Washing	fon Savitarius	u AHOSpital	Realo
	18. CAUSE OF DEATH [Enter only one couse per lige for (o).  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  DUE TO  Conditions, if ony, which gove rise to immediate couse (o), stating the under-lying couse lost.  (c)  (c)	ral emboli reular fibre	Satin heart a		elusen et ang Death 1 dez ulusen
3	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBU				P. WAS AUTOPSY PERFORMED? YES NO
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	V INJURY OCCURRED. (Enter noture	of injury in Port I or Port II of	item 18.)	
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OF While Not p. m. 19 of work of or work	while foctory, street, offi	(Home, form, 20f. (City or towns bldg., etc.)	wn) (County)	(Stote)
	21. I certify that I attended the deceased fram alive an 1959,  ACTUAL SIGNATURE	and that death accurred a	7, ta Fell 9 1130 PM, fram the ADDRESS (Street, c	, 19 , that I last so causes and an the dal ity or town, stote)	
1	PHYSICIAN'S 927 Pershery	Dr-	Selven /	pring Mid	?
	226. BURIAL, CREMATION, 226. DATE THEREOF 226 NA REMOVAL (Specify) 2-12-59	ME OF CEMETERY OR CREMATORY		City, town, or county)  Burne	(Stole)
	13. FUNERAL DIRECTOR'S SIGNATURE ADO MCC V//y Freneral / Homes 930	RESS fortane	24a. REC'D BY REGISTRAR DATEFEB 1 3 '59	246. REGISTRAR'S SIGNATUR Cuthun S. Krau	

ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 funeral director, ourd be filed with may be retained to the hospital or ottending physician.

Defuneral place of After this certificate has been signed by the ottending physician and campletely filled in by the page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 of the registrar prior to burial, cremation, or remayal, and in any event within 72 hours offer death. TO HOSPITAL OF TO FUNERAL DIR VS A15 (4) 15M 9/5S

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uneral director,

TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained. The hospital or attending physician.

2 FUNERAL DIRICALOR: After this certificate has been signed by the attending physician and completely filled in by the page 3 should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shather registrar prior to burial, crematian, ar remaval, and in any event within 72 haurs after death. TO HOSPITAL OF VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 2143

**CERTIFICATE OF DEATH** 

Reg. Dist. No. 215

	Montgomer	У		MARYLA	ND	2. USUAL RESIDI		ere deceased	b. COUNTY		ice befo	re admiss	sion)
7	b. CITY OR TOWN (I	f outside corporate limit	ts, write	c. LENGTH OF STAY IN	1b	c. CITY OR TO	OWN (If o	utside corpo	rote limits, write R	URAL ond	give nec	arest town	n)
3	Bethesda,			12 days		Rockvi	lle	26					
	d. NAME OF HOSPIT	AL (If not in hospital, g	ive street	oddress)		d. STREET AD	DRESS	1				e. IS RES	SIDENCE A FARM?
I		1 Hospital				12805 (	Caldw	ell S	treet				K ON
	NAME OF DECEASED	Fir	st	Middle		Last		4. DATE	Mor	nth	Do	у	Year
	(Type or print)	Otti	ce	Roddam		SCHEIL	<b>E</b>	DEATH	Febr	uary	10		1959
5. 9	SEX	6. COLOR OR RACE	7. MARR	IED X NEVER MARRIED	□  8	DATE OF BIRTH			9. AGE (In years	IF UNDER		IF UND	ER 24 HRS.
N	Male	White	WIDOWE	DIVORCED		1-31-1	3		lost birthdoy) 46 yrs.	Months	Days	Hours	Min.
	. USUAL OCCUPATION		done 10b.	KIND OF BUSINESS OR	INDUST			or foreign co	ountry)	12. CI	TIZEN C	F WHAT	COUNTRY?
	Mariner (	Retired)	U	. S. Navy			bama			U	.S. I	1.	
13.	FATHER'S NAME	Harry Co.				14. MOTHER'S	MAIDEN N	IAME			11		
V	Villiam SC	HETTE				Alice	LANE	3					
	WAS DECEASED EVE	R IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17. IN	FORMANT			Add	lress			
	res	1931 to 19		0-52-5445	(W	Mrs. D	oroth	y Sch	eile, sa	me as	#2	abov	ve
TION	PART I. DEA 581./ Conditions, if o gove rise to i couse (o), stoting lying couse lost.	mmediate but TO	Hep K Eso		er,	Laennec		NAL DISEASI	E CONDITION GIV	VEN IN PAR	12 12	hou da; B yea	DEATH UTS YS BTS AUTOPSY ORMED?
MEDICAL CERTIFICATION	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY 20c. TIME OF INJUR Hour o. m.	MEDICAL EXAMINER)		Not while	De. PLA	CE OF INJURY (Hory, street, office	ome, form	, 20f. (City		(1	County)	YES	(Stole)
	actual SIGNATURE	77/	195	ed from Januar  9, and that d  9 an  CDR, MC, US	eath 	occurred at.	10:00 Nava	PM, fran ADDRESS (Si al Hos		and on t stote)		te state	
220	BURIAL, CREMATIO REMOVAL (Specify) BUT 121	N, 22b. DATE THEREO	F	22c. NAME OF CEMETE					ION (City, town,	or county)		(Stot	
_			2	Arlington	Na.	-			ngton			irgi	nia
23. R	FUNERAL DIRECTOR	1 (100)	l Hom	ADDRESS le, Bethesda	, M			BY REGIST		STRAR'S SHE			

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR After this certificate has been signed by the ottending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shall be filed with the registrar prior to burial, cremation, or remaval, and in any event within 72 hours after death.

VS A15 (4) 15M 9/55

	W. A.	<b>*</b>						Keg. Dis	T. 140,	
1. PLACE OF DEATH o. COUNTY Montgome	ery		MARYL	AND	2. USUAL RESIDENCE O. STATE Marylar			ion: Residence		ission)
b. CITY OR TOWN RURAL and give	(If outside corporate lim	its, write	c. LENGTH OF STAY II	N 16	c. CITY OR TOWN	(If outside corp				wn) \
Bethesda			36 days		Baltimo	re 12	= =	Vol.	-4	
d. NAME OF HOSP OR INSTITUTION	ITAL (If not in hospital,	give street	oddress)		d STREET ADDRES	SS			e. IS R	ESIDENCE A FARM?
		, Bet	hesda llm M	d.	1216 Ce	darcrof	t Road			□ NO 🖸
3. NAME OF DECEASED	Fi	rst	Middle		Lost	4. DATE	Мо	nth	Day	Yeor
(Type or print)		seph	Reinhar		Schneider	DEATH	1001	41	11,	19 59
5. SEX	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIED	T.	B. DATE OF BIRTH	•	9. AGE (In years lost birthday)		Days Hours	
Male	White	WIDOW		_	March 19,		/ yrs.		Days Hader	Min.
during most of wo	ION (Give kind af wark rking life, even if retired	done 10b.	KIND OF BUSINESS OR	INDUS			country)	12. CITI	ZEN OF WHA	
Child			None			ryland			U.S.	A.
13. FATHER'S NAME	0.1				14. MOTHER'S MAID					
	Schneider			122 40		rcia H.				
(Yes no or unknown)	If yes, give wor or dates of	service]	SOCIAL SECURITY NO.		FORMANT The I					
No			None	The	e Clinical	Center,	Bethesd	a 14,		
	ATH [Enter only one co	ouse per li	ne for (a), (b), and (c).	/	1 0	- A	. /	,	INTERVAL I	BETWEEN ID DEATH
PARI I. UE	ATH WAS CAUSED BY:	0) +1	iterstell	la	I Pheeren	audi	s + here	only	18	less
2 2 2 3	DUE TO					1.467		0		
Conditions, if		0)								
gove rise to cause (a), stating										
lying cause lost	· · · · · · · · · · · · · · · · · · ·	c)								
PART II. O'	THER SIGNIFICANT CON	IDITIONS (	CONTRIBUTING TO DEAT	H BUT	NOT RELATED TO THE T	ERMINAL DISEAS	SE CONDITION GI	VEN IN PART	1(a) 19. WAS	S AUTOPSY FORMED?
3	H Cu	le	Sypupl	ia	tec I		ma		YES [	NO [
OR CONTRIBUTION	AS UNDERLYING [] G [] CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OC	CURRED	. (Enter nature of injur	y in Port I or Po	rt II of item 18.)			
20c. TIME OF INJU				Oe. PLA	CE OF INJURY (Home, lory, street, office bldg.	farm, 20f. (Cit	y or town)	(C	conty)	(State)
Hour o.m.	19	While at war	k at work	100	ory, sireer, ornee blog.	, erc.)				
21. I certify t	hat Lattended the	deceas	ed from Januar	y 6	, 1959_, to_	Februar	v 11 159	that I le	ast saw the	e decense
alive on Fo	ebruary 11	195			accurred at 3:3					
	i	0	i i i i i i i i i i i i i i i i i i i	200111	decorred di 233		streel, city or town.			DATE SIGNE
ACTUAL	100 Hau	5.	1 Mer		4.0	The Cli	nical Cer	nter	2/1	2/59
			0				l Instit		f Heal	
PHYSICIAN'S NAME (Type)	NATHAN S. T.	AYLOR	, M.D.			Bethesd	a 1h. Ma	ryland		
BURIAL, CREMATI	ON, 226. DATE THERE	of way	22c NAME OF CEMET	ERY OR	CREMATORY		TION City, town		77/51	ases .
23. FUNERAL DIRECTO	S SIGNATURE	11	ADDRESS. 1	1	0 240.	REC'D BY REGIS	TRAR 24b. REG	STRAR'S SIG	NATURE	
Lemaid	Kerck	20	130 V /ta	if	DATE	FEB   6 5	0	Thung & 7	Traces.	,
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#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2145 CERTIFICATE OF DEATH Reg. Dist. No. 215 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY o. STATE COUNTY MARYLAND Montgomery b. CITY OR TOWN (If outside corporate limits, write C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give negrest town) Bethesda (Rural 2 months Waverly d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? S. Naval Hospital YES NO Box 175 - RR2 NAME OF 4. DATE Middle last Month Year DECEASED 1959 (Type or print) VanDyke SCOTT February Benton DEATH 16 5. SEX 6. COLOR OR RACE 7. MARRIED IX NEVER MARRIED B. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) Months Doys DIVORCED T 2-24-04 Male Caucasian WIDOWED 64 YES. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Indiana Doctor of Medicine U.S.A. 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Charles SCOTI Charlette VANDYKE 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address (If yes, give war or dates of service) (W) Alice E. Scott, same as #2 above WWI & WWII Yes None 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Bronchogenic carcinoma 6 mos IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate **DUE TO** cause (a), stating the underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES TO NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18.) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20d. INJURY OCCURRED Doy, Year (County) (State) foctory, street, office bldg., etc.! o. m. Not while at work at work 21. I certify that I attended the deceased from December 16, 19 59, to February 16, 1959, that I last saw the deceased ..., 19.59 , and that death accurred at 4:15A.M., from the causes and an the date stated above ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE U. S. Naval Hospital, NNMC

FUNERAL DIRE 0 VS A15 (4) 15M 10/57

23. FUNERAL DIRECTOR'S SIGNATURE Ives Funeral Home, 2847 Wilson Blvd., Arlington

22b. DATE THEREOF

2-18-59

NAME (Type) 220. BURIAL CREMATION.

Burial

REMOVAL (Specify)

Arlington National ADDRESS

22c. NAME OF CEMETERY OR CREMATORY

HORGAN. LCDR. MC. USN

Va.

24g. REC'D BY REGISTRAR

Bethesda 14. Maryland

Arlington 24b. REGISTRAR'S SIGNATURE

(State)

Virginia

22d. LOCATION (City, town, or county)

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6	2146 CERTIFICATE OF DEATH	Reg. Dist. No.
	1. PLACE OF DEATH a. COUNTY o. STATE (A) o. STATE (A)	If institutions Residence before admission)
(A)	Montgomery MARTIAND Minnesota	Hennepin
	b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carporate limits) (II autside carpor	nils, write RURAE and give nearest town)
	d. NAME OF HOSPITAL (If not in hospital, give street address)  d. STREET ADDRESS  d. STREET ADDRESS	. IS RESIDENCE
74	OR INSTITUTION The Subject 15221 Lynn	Jersace   ON A FARM?
	3. NAME OF DECEASED (Type or print) Ray Parker Sheldon 4. DATE OF DEATH F2	6. 25 Day Year
	5. SEX  6. COLOR OR RACE  7. MARRIED NEVER MARRIED B. DATE OF BIRTH  WIDOWED DIVORCED March 17-1886  9. AG  10st	E (in years birthday)  Manths Days Hours Min,
1)	10g. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, every if retired)  Relitable & Lower Worker  Reli	12. CITIZEN OF WHAT COUNTR
	13. FATHER'S NAME 11. MOTHER'S MAIDEN PRAME  Charles F. Sledion Elizabeth	Dunning
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (If yes, give wor or dates of service) 7/2+16-5203	Stel Low.
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
7113	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) CARDID-VASCULAR COLLA	DSE Show
	490 X DUE TO ,	2116
	Canditians, if any, which gave rise to immediate DUE TO	27,000
	cause (a), stoting the <u>under-</u> lying couse last.	
0	Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CON	DITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO TO
	20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of it of Either, NOTIFY MEDICAL EXAMINER)	
	20c. TIME OF INJURY Month, Day, Year While Not while at wark at wark at wark	vn) (County) (State)
	21. I certify that I attended the deceased from Fon. 18 , 1959, to Fon. 25	., 1959, that I last saw the decease
		causes and an the date stated above
	ACTUAL SIGNATURE CLATTY Congle M.D. 5009 DER GAY AU	ity or town state)  DATE SIGN  FOR BETTHESDA MY 21
. 1	PHYSICIAN'S Robert G. Angle 5009 DelRay Av.	e. Bethesda, Md
	REMOVAL (Specify)	City, tawn, ar caunty) (State)
	Burial 2/28/59 Parklawn Cemetery Rocky 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR	ille, Maryland
0	25. FUNCKAL DIRECTOR'S SIGNATURE ADDRESS 246. REC'D BY REGISTRAN	arihan S. Maus

VS A15 (4) 15M 9/55

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4

	CERTIFICATE OF DEATH	2215
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	Landgold Lander	Peth. ds
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#### VS. ATSME 5M 2/57

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0.	COUNTY	onto on	eru		MARYLAN	O STATE SEA	NCE (Where deced	sed lived. It institutes b. COUNT		GOMER	
b. (	and give arest fown	f outside corporale limits	write RURAL	c. LEN	GTH OF STAY IN 1	c. CITY OR TO	WN (If autside con		RURAL and giv	e nearest to	wn)
d. 1	NAME OF HOSPIT	AL OR INSTITUTIO	N (If not in	n hospitat, giv	e street oddress)	d. STREET ADD				ON	ESIDENCE A FARM?
DE	AME OF CEASED (pe or print)	LISA	First MAR II	IVN SI	Middle HULMAN	Last	4. DATE OF DEATH	Mont 2	h D		(ear 9 59
5. SEX					NEVER MARRIED	8. DATE OF BIRTH	72	9. AGE  In years	IF UNDER TYE		ER 24 HKS
fe	emale		te WIDO		DIVORCED [	December	28, 1958	6 weeks	Months Days	-	Min.
dur	JSUAL OCCUPATION of working	ON (Give kind of wing life, even it retir	ork done 10 ed)	06. KIND OF	BUSINESS OR INDU	D.	(State or foreign	country)	12. CITIZEN	OF WHAT	COUNTRY
13. F/	ATHER'S NAME					14. MOTHER'S MA	IDEN NAME		1		
	Sidney	Shulman	1				Bellin				
	AS DECEASED EV	ER IN U. S. ARMED		16. SOCIAL	SECURITY NO. 17	INFORMANT		Address			
						father			same		
	PART I. DEATH		Y: (0)	1. 16	b), and (c).]  year  Rey	luating	Super	tui	120	Property of the Control of the Contr	Colly by
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MEDICAL CERTIFICATION AS ELV.	PART I. DEA  475  Conditions, if a give rise to imme o), stating the couse lost.  PART II. OTH  DO. EXTERNAL CAL RIMARY Or COI AUSE OF DEATH.  Do. TIME OF INJUI Haur o. m. p. m.  21. I certify the pinion death  ACTUAL IGNATURE  EXAMINER'S	TH WAS CAUSED B IMMEDIATE CAUSI DUE Interpretation of the cause underlying DUE HER SIGNIFICANT COURSE WAS NITRIBUTING IN Month, Day, and I took chair resulted fram:	Y: (c) (c) (b) 22 TO (c) (c) 20b DESC 24 TO (c) 27 TO (c	CRIBE HOW III	NJURY OCCURRED.  CCCURRED 20e. poor while it work is described at the second se	(Enter noture of injury  LACE OF INJURY (Homotory, street, office bld  Dave, held an At  Dave, held an At  ASSISTANT	e, form, 201. (City, etc.)  propsy , 1  pr	of item 18.)  y or town)  Inspection  Insp	(County) Inquiry (county)	19. WAS PERFO YES O	AUTOPSY RAMED? NO DE (State)

MARYLAND STATE DEPARTMENT OF HEALTH PALTIMORE 19

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VS A15 (4) ISM 9/55 M

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### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2007 CERTIFICATE OF DEATH

Reg. Dist. No. 12128

		nog. Di	
1. PLACE OF DEATH 2. COUNTY Want Gamery MARYLAND	2. USUAL RESIDENCE (Where deceased oSTATE	b. COUNTY	to before admission)
b. CITY OF TOWN (If a stide carporate limits, write c. LENGTH OF STAY IN 1b RURAL and give nearest lown)	c. CITY OR TOWN (If autside corpora	te limits, write RURAL and g	ive nearest tavn)
TAKOMA PARK 10 Minutes	Chillum	16x - 1	7
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION WAS LICENTAGE SAM. THOSPITAL	d. STREET ADDRESS 1408 Nicholson	St.	ON A FARM? YES NO 7
3. NAME OF First A Middle	Last 4. DATE	Month	
DECEASED (Type or print) JAMES KOSSER	Smith OF DEATH	2	3 - 1959
5. SEX    6. COLOR OR RACE   7. MARRIED   NEVER MARRIED	8. DATE OF BIRTH 1890	AGE (In years last birthday)  Wanths yrs.	1 YEAR IF UNDER 24 HRS. Days Hours Min.
10c. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU- during most of working life, even if retired)	STRY 11. BIRTHPLACE (State or foreign cou	ntry) 12. CITI	ZEN OF WHAT COUNTRY?
13. FATHER'S NAME MONROE SINIYA	14. MOTHER'S MAIDEN NAME	Denn	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. II	NFORMANT Patients Wife	Address	
PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  Conditions, if ony, which  gave rise to immediate  18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO  Conditions, if ony, which  gave rise to immediate	Trombosis ton plant Des	oese.	INTERVAL SETWEEN ONSET AND DEATH
cause (a), stating the <u>under-lying cause last.</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE.	" )	I I (a) 19. WAS AUTOPSY
CAIR			PERFORMED? YES NO
OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Port I or Part I	1 of item 18.)	
20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Haur o. m.  p. m. 19 at work at wark	ACE OF INJURY (Hame, farm, 20f. (City of clary, street, affice bldg., etc.)	r tawn) (C	aunty) (State)
ACTUAL SIGNATURE Tober Drey	n accurred at 53 P.M., fram ADDRESS (Street M.D. 7105 Pigg		ast saw the deceased ne date stated abave. DATE SIGNED
PHYSICIAN'S ROBERT B. Irey			md.
22a. BURIAL, CREMATION, ESMONAL (Specify) 22b. DATE THEREOF 22c. NAME OF CEMETERY OF THE LINE	R CREMATORY 220 JOCATIC	ON (City, town, or county)  Nan	r md
23. FUNERAL DIRECTOR'S SIGNATURE Wash. D. C.	240. REC'D BY REGISTR. DATEEB 5 '59	ar 24b. REGISTRAR'S SIG	11

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ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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Reg. Dist. No. 215

CERTIFICATE OF DEATH 2148 1 PLACE OF DEATH

	o. COUNTY	,		MARY	LAND	a. STATE	nere decease	b. COUNTY		ce befor	e admissi	on}		
-	Montgomery b. city or town (if		ita	c. LENGTH OF STAY		virginia Alexandria c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)								
	RURAL ond give nec	prest fown)	s, write		IN IB	c. CITY OR TOWN (IF &	outside corpo	orate limits, write R	URAL and	give nea	rest town	1		
	Bethesda	Rural)		3 days		Alexandria		8	3x-3	3				
	d. NAME OF HOSPITA OR INSTITUTION	L (If not in hospital, gi	ve street	address)		d. STREET ADDRESS				1	e. IS RESI			
		al Hospital				731 S. Colu	umbus	St.				FARM?		
3.	NAME OF	Firs		Middle		Lost	4. DATE	Man	th	Day	. Y	rear .		
1	DECEASED (Type or print)	Lois		Kent		SPARKMAN	OF DEATH		uary	18		959		
5.	SEX	6. COLOR OR RACE	7. MARR	HED NEVER MARRI	ED 🗍	B. DATE OF BIRTH		9. AGE (In years	IF UNDER					
1	Female	Caucasian				1187		last birthday)	Months	Days	Hours	Min.		
100	USUAL OCCUPATION	N (Give kind of work d			R INDUS	TRY 11. BIRTHPLACE (State	or fareign c	- Com	12. CIT	IZEN O	F WHAT	COUNTRY		
	Housewife	ng life, even if retired)				So. Car	enilor		11	.S.A				
13.	FATHER'S NAME					14. MOTHER'S MAIDEN N			1	12011	•	-		
	John Q. Th	IATCHER				Constance	E. TO	HNSON						
	WAS DECEASED EVER	IN U. S. ARMED FOR		SOCIAL SECURITY NO	. 17. 18	IFORMANT	2.00	Addi	ess					
(TE	NO (II	yes, give war or dates of se		nknown	Но	spital Record	s							
-		H [Enter only one cou		ne for (o), (b), and (c).						LINITE	DVAL DE	DAIFEA.		
	PART I. DEAT	H WAS CAUSED BY:	/?	1 11	]	1. 1. 1.	1			ONSI	RVAL BET			
	FOLI	IMMEDIATE CAUSE (o)	(6)	COVER UZ	SCLL	as Hecideni	7	- 0 13		X	any	2		
	20111	DUE TO	CLI	rrhosis, I	seni	nec's with y	pete	chial he	morr	THE	s of	the		
	Conditions, if an	, IDI	Lon	obrack thase	ulan	1/1saspas	cendi	ng colon		8	Gre			
	cause (a), stating th			,	,					1	,			
	lying cause last.	) (c)	177	anosclore	515	Henenelis	cod.			10	4.10	art.		
Z	PART II. OTHE	R SIGNIFICANT COND	ITIONS C	ONTRIBUTING TO DE	ATH BUT	NOT RELATED TO THE TERMI	INAL DISEAS	E CONDITION GIV	EN IN PART	1(0) 19	. WAS A	UTOPSY		
ZYI	Meranya	Plotostomo	1 3kg	relators.	nha	Able Dain "	2 000	+			PERFOR			
TE.	20a. ACCIDENT WAS	UNDERLYING D	20b. DESC	RIBE HOW INJURY O	CCURRED	. (Enter nature of injury in I	Part Lar Part	t II of item 18.)			123 (2	110 []		
CER	200. ACCIDENT WAS OR CONTRIBUTING [ (IF EITHER, NOTIFY A	CAUSE OF DEATH												
AL	20c. TIME OF INJURY		20d IN	NJURY OCCURRED	20a PLA	CE OF INJURY (Home, farm	205 15:1							
EDIC	Hour o. m.		While	Nat while	foci	ory, street, office bldg., etc.	.)   207. (City	or town)	(0	ounty)		(Stote)		
ž	p. m.	19	ot work											
	21. I certify the	it I attended the	decease	ed from Febru	ary	15, 19 59, to Be	bruar	y 18 1959	,that I I	ast sa	w the	deceased		
	alive on Febr	uary 18	, 195	2, and that	death	accurred at 3:34/	M, fran	n the causes a	nd an th	e dat	e state	d abave		
	/	1 , ~	, ,	1.				treet, city or town,				TE SIGNED		
	ACTUAL SIGNATURE	afeer 11.	11	ans		U. S. Nava	al Hos	pital, NI	TMC	2	-18-	59		
	BUNESCIALUE													
	PHYSICIAN'S NAME (Type)	J. W. DAVIS	, LT	MC, USN		Bethesda ]	14, Ma	ryland						
220	BURIAL, CREMATION	, 22b. DATE THEREO	7 14	22c. NAME OF CEMI	ETERY OR	CREMATORY	22d. LOCAT	TION (City, tawn, a	r county)		(Stote			
(	REMOVAL (Specify)	2-20-59	1	Cedar Hil	1 Cr	ematory	1	tland		aryl				
		100	150	1		7			4.20	- J 4				

TO FUNERAL DIR. VS A15 (4) 15M 10/57

TO HOSPITAL OR



Wheatley Funeral Home, 809 King St., Alex., Va.

24a. REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE Onthun S. Kraus

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		CHARLES STORY	
		CONTRACTOR IN THE	
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		Mark to the	
200			

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**CERTIFICATE OF DEATH** 

Reg. Dist. No.

								Keg. Dis	. 140.	
1. PLACE OF DEATH o. COUNTY Montgome	51.A		MARYLA	11	USUAL RESIDENCE (WHO o. STATE Virginia	here decease	d lived. If institution b. COUNTY Prin	on Residence	e before on	dmission)
b. CITY OR TOWN	(If autside corporate limi	ts, write	c. LENGTH OF STAY IN	116	c. CITY OR TOWN (If o	outside corp				
Bethesda			h0 days		Manassas		83X	63		V
	ITAL (If not in hospital, g	ive street			d. STREET ADDRESS		2.1.0		o. 19	RESIDENCE
			thesda 14,	Ma	237 E. Ce	nter	Street			N A FARM?
3. NAME OF	Fire		Middle		Lost Lost	4. DATE	Mon			
(Type or print)	Gra	ice	Nevada		Spencer	OF DEATH	Febru	ary	16,	
5. SEX Female	6. COLOR OR RACE White	7. MARE	NEVER MARRIED		June 3, 191	9	9. AGE (In years lost birthday) 39 yrs.		Doys Ho	JNDER 24 HRS. Durs Min.
100. USUAL OCCUPAT	ION (Give kind of work of	lone 10h	KIND OF BUSINESS OR					12. CITIZ	ZEN OF W	HAT COUNTRY
during most of wo Housewil	rking life, even if retired)		None		West V				U. S	
13. FATHER'S NAME				1	. MOTHER'S MAIDEN N	~				
Clive Al	Lderman				Elsie	Dean				
15. WAS DECEASED EV	ER IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	17. INFO	RMANT The Med	ical	Record Add	ress		
(Yes, no, or unknown)	(If yes, give war or dates of so	Brvice)	None		Clinical C				Mary	hand
18. CAUSE OF DE	ATH [Enter only one co	use per li	ne for (o), (b), and (c), ]	4.4	orrangar o	CHOCL	<u>De oneso</u>	ici au		L BETWEEN
			umatic Hear	t Dis	ease with i	מי [מעת	ement of			AND DEATH
4.10X	DUE TO		ral and Aor			TIVOLV	enerro or		160	1.9
Conditions, if	anu which \		a car carre 1507	010 (	~~ 4 O D 5					
gave rise to	immediate (			-						
lying cause lost	ine under-								5.10	
_	, (c)	· · · · · · · · · · · · · · · · · · ·	CONTRIBUTING TO DEAT	H BUT NO	RELATED TO THE TERMI	NAL DISEAS	SE CONDITION GIV	EN IN PART	PE	ERFORMED?
200 ACCIDENT W	AS UNDERLYING	20h DESI	CRIBE HOW INJURY OCC	TIPPED (E	ater active of injury in f	Port I or Por	rt II of item 18 )		YES	NO 🗆
	G CAUSE OF DEATH Y MEDICAL EXAMINER)	200. 013	CRIBE FIOW INJURY OCC	OKKED. (E	mer notore of injury in t	TOT FOR TO	A II of Hem 16.)			
20c. TIME OF INJU Hour o. m. p. m.		While	Not while	factory	OF INJURY (Home, form, street, office bldg., etc.	.)	Terminal Control		ounty)	(State)
	hat I attended the	deceas	ed from Janua	ry 7	, 1959 to Fe	bruar	y 16, 19 59	,that I lo	ost saw t	he decease
alive an_Fe	ebruary 16	_, 195	9 and that d	eath ac	curred at 8:34	M, fra	m the causes a	ind on the	e date s	tated abave
	0. 1	1					itreet, city or town,			DATE SIGNE
ACTUAL SIGNATURE	Edgar Ho	100		M.D.			cal Cente			-17-59
PHYSICIAN'S							Institute		Healt	h
NAME (Type)	Edgar Hab	er,	M. D.		Beth	esda	14, Maryl	and		
Burial CREMATIC	Feb. 20,		Beaver C				TION (City, town, c		st V	(State)
23. FUNERAL DIRECTOR	R'S SIGNATURE	X	4 Modern	les	1 11	B 2 0 %		TRAR'S SIGN		
		-	/		- Division in			- 1 Sl. 1	WALKE.	

uneral director, dige filed with ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital ar attending physician.

2 FUNERAL DIN — OR: After this certificate has been signed by the attending physician and campletely filled in by the page 3 should be retached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 state registrar prior to burial, cremation, or removal, and in any event within 72 hours after death. may be retained by TO HOSPITAL OR VS A15 (4) 15M 9/SS

VS A15 (4) 15M 10/57

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#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Turker Earl	2150		CERT	IFICA	ATE OF I	DEATH	1		Reg. D	ist. No	215	
1. PLACE OF DEATH o. COUNTY  Montgomers	r		MAR	YLAND	a. STATE		ere deceased	lived. If institut		nce befo	ore admis	sian)
b. CITY OF TOWN (IF	outside corporate limi	ts, write	c. LENGTH OF STAT	Y IN 1b				ate limits, write f	RURAL and	give ne	arest tow	n)
RURAL and give need Bethesda	(Rural)		2 davs		Washin	acton	N. Sen	1	LYY	- 3		
d. NAME OF HOSPITA		ive street o			d. STREET						e. IS RES	IDENCE
OR INSTITUTION	al Hospita						ral Av	e., N.W			ON A	FARM?
3. NAME OF	Fir	st	Middl	e	to	st	4. DATE	Moi	nth	De	зу	Year
(Type or print)	Alber	;	Raymo	ond	STAUD	r	OF DEATH	Feb	ruary	- (	9	1959
5. SEX	6. COLOR OR RACE	7. MARR	IED 🕅 NEVER MARR	IED [7]	8. DATE OF BIRT	Н	9	AGE (In years	V			ER 24 HRS.
Male	Caucasian		0.0		3-6-0	26		lost birthday)	Manths	Doys	Hours	Min.
10o. USUAL OCCUPATIO		dane 10b.		OR INDUS		, -	ar fareign cau	0_	12. C	TIZEN C	OF WHAT	COUNTRY
Mariner			U. S. Navy	7		Ohio	300		U.	S.A.		
13. FATHER'S NAME					14. MOTHER'S	MAIDEN N	IAME					
John W. A.	STAUDT				May V	VATTER	S					
15. WAS DECEASED EVER (Yes. no. or unknown) Yes	IN U. S. ARMED FOR	ervice)	social security N 4-09-8729	O. 17. H	) Mrs. A	Alexan	dra M.	Staudt		e as	s #2	
САТІС	he under- DUE TO	) DITIONS C		EATH BUT		O THE TERMI	NAL DISEASE		VEN IN PA	RT 1(a)	PERFC	AUTOPSY RMED?
	S UNDERLYING [] [] CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY	OCCURRE	D. (Enter noture o	of injury in I	Part I or Part I	II of item 1B.)				
20c. TIME OF INJURY Hour a. m. p. m.	Manth, Day, Ye	While	Nat while at work	20e. PL/ foo	ACE OF INJURY of tary, street, affic	(Home, farm e bldg., etc.	, 20f. (City (	or lawn)		(Caunty)		(State)
21. I certify the alive an February ACTUAL SIGNATURE	at I attended the	decease 1959		t death	occurred at	6:10P	_M, from	the causes of	and on		te stat	
PHYSICIAN'S NAME (Type)			., LT, MC,	USN	Bet	thesda	, Md.					
220. BURIAL, CREMATION	A, 22b. DATE THEREC	F	22c. NAME OF CEA	METERY O	R CREMATORY		22d. LOCATI	ON (City, tawn,	or county)		(Stat	(e)
Burial Specify)	2-13-59		Arlingto	n Na	tional	51254	Arl	ington		1	Ta.	
23. FUNERAL DIRECTOR'S	. 11.	Home	ADDRESS , Bethesda	a, Md	•	24a. REC'I	BY REGISTR	AR 24b. REG	STRAR'S S			
Ben 23	80									4		

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## 2154

#### CERTIFICATE OF DEATH

	679		ORIGINIA	AILOI	PEATI		R	eg. Dist. I	No.
1. PLACE OF DEATH o. COUNTY Montgome			MARYLAND	2. USUAL RES	DENCE (WI	nere deceased lived	b. COUNTY	Residence b	pefare admission)
RURAL and give		ts, write	c. LENGTH OF STAY IN TH	-		outside carparate li	mits, write RUR/	AL and give	nearest town)
Bethesda	<b>a.</b> PITAL (If not in hospital, g	1	26 days		ksbur	g	85 X	1 - 12	T
OR INSTITUTION	nical Center		thesda lh. Md	d. STREET		ley Aven	ne.		IS RESIDENCE ON A FARM? YES NO TO
3. NAME OF	Fir		Middle		ist .	4. DATE	Manth		Day Year
(Type or print)	Paul		Jackson		ther	OF DEATH	Februar	ry 1	19 59
Female	6. COLOR OR RACE White	7. MARR	NEVER MARRIED DIVORCED	B. DATE OF BIR		- les		UNDER I YE	EAR IF UNDER 24 HR:
during most of we Housewi	arking life, even it retired	dane 10b.	KIND OF BUSINESS OR INI None			or foreign country			S. A.
3. FATHER'S NAME				14. MOTHER	S MAIDEN N	NAME			
Ellis A	• Bennett				Estell	e Jackson	n		
No. or unknown)	VER IN U. S. ARMED FOR	ervice)	217-01-0952		nical	Canter,	Bethesda	a 14,	Maryland
PART I. Di  /48 X  Conditions, if gave rise to cause (a), statin	EATH WAS CAUSED BY: IMMEDIATE CAUSE (o  DUE TO  any, which immediate og the under-	Acu	to Aspirated te Hemorrhage	Blood.	tured			o i o i	Minutes
Z PART II O			CINOMA OF the			NAL DISEASE CON	IDITION CIVEN	INI DADT I	Months
O TATIO	THE STORT CON	DITIONS	CONTRIBUTION TO DEATH &	OI NOI KELAILU I	O THE TERM	INAL DISEASE CON	IDITION GIVEN	IN PARI I(C	PERFORMED?
O (IF EITHER, NOTIF	WAS UNDERLYING   IG   CAUSE OF DEATH FY MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCUR	RED. (Enter nature	of injury in I	Part I ar Part II of	item 18.)		
ZOc. TIME OF INJU Hour o. m p. m	10	While at warl	Not while	PLACE OF INJURY factory, street, offi	(Hame, farm te bldg., etc	, 20f. (City or to	wn)	(Caun	nty) (State
actual SIGNATURE PHYSICIAN'S	that I attended the ebruary 11 Edgar H. Lev	<u>94</u>		r 16 , 19 5 th occurred a	The	My from the ADDRESS (Street, co Clinical onal Instead 14,	causes and lity or town, stat Center	of He	t saw the deceased at the stated above DATE SIGN 2-12-59 ealth
220. BURIAL, CREMATI Burial (Specif	10N. 22b. DATE THEREO 2/14/5		Lumberspo		tery	22d. LOCATION (	city, town, or c		(Stote) Virginia
23. FUNERAL DIRECTO Robert A.	Pumphrey-	Beth	ADDRESS nesda, Maryla			D BY REGISTRAR	24b. REGISTRA		TURE

uneral director, TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIV.

OR: After this certificate has been signed by the attending physician and campletely filled in by the page 3 should be letached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shifthe registrar prior to burial, cremation, or removal, and in any event within 22 hours after death. VS A15 (4) 15M 9/S5

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DE ENDRIGHE DEPARTMENT OF MEACHER SALE GRAINSAM

12133
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152		CERTIFICATE	OF	DEATH
	2	CERTIFICATE	OI.	DLAII

152	CERTIFICATE	OF
	2. U	UAL

Reg. Dist. No.

1. PLACE OF DEATH G. COUNTY Montgome	ry		MARYLAND	2. USUAL RESIDENCE (W STATE West Virg	/here deceased live	d. If instituti b. COUNTY		e before admi	ission)
RURAL ond giv	N (If outside corporate limits a nearest town)	, write c. I	LENGTH OF STAY IN 16	c. CITY OR TOWN (IF		imits, write R	URAL and gi	ive nearest to	wn)
Bethesda			156 days	Enterpris	3e		75 x	3	
OR INSTITUTION	iPITAL (If not in hospitol, given in hospitol, given ical Center,			d. STREET ADDRESS Box 93				ON	A FARM?
3. NAME OF DECEASED (Type or print)	First Will		Middle Riley	Sturm	4. DATE OF DEATH	Febr	uary	Day 11,	Yeor 19 59
5. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	1 1-	GE (In years		YEAR IF UNE	-
Male	White	WIDOWED [	DIVORCED -	July 12, 19	712 4	6 yrs.	Months (	Days Hours	Min.
County S	TION (Give kind of work do rorking life, even if retired) upervisor		of Business or Indus		or foreign country Virginia	)		J. S. A	
13. FATHER'S NAME				14. MOTHER'S MAIDEN	NAME				
Lucius F				Martha	a Nutter				
15. WAS DECEASED (Yes, no, or unknown)	VER IN U. S. ARMED FORC (If yes, give war or dates of ser	16. SOC 235	17. II 5-58-8810 TI	ne Clinical	edical Re Cente r,			Maryl	land
20a. ACCIDENT OR CONTRIBUTI	immediate DUE TO DUE TO CO.	Met ITIONS CONT		atocarcinoma			/EN IN PART	PERF	los.
20c. TIME OF IN Hour o.	IURY Month, Doy, Year	20d. INJUR While of work	Not while foo	CE OF INJURY (Home, far tory, street, office bldg., et	m, 20f. (City or to	own)	(Ce	ounty)	(State)
21. I certify alive onE  ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	that I attended the debruary 11  James A. James A.	A.	ond that death	occurred at 3:00  The Control Nation	PM, from the ADDRESS (Street, Linical Chal Instituted Land Land Land Land Land Land Land Lan	city or town, enter tutes	ond on the store)	e date sta 1 2	deceased ted abave. DATE SIGNED -11-59
220. BURIAL, CREMA	TION, 226. DATE THEREOF		. NAME OF CEMETERY OF		22d. LOCATION			(Ste	ote)
REMOVAL (Spec	2/14/6 5	59 5	Shinnston Ma	sonic	Shinns	ton, \	W. Va.		
23. FUNERAL DIRECT	or's signature . Pumphrey	77 11	ADDRESS		EB 1 6 59	24b. REGI	STRAR'S SIGI	NATURE	

rneral director, TO FUNERAL DIK. OR: After this certificate has been signed by the attending physician and campletely filled in by the page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 stitle registrar prior to burial, crematian, ar remayal, and in any event within 72 hours after death.

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ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4

TO HOSPITAL OR VS A15 (4) 15M 9/55

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE.

war so	TE OF DEATH	CERTIFICA	2213	
	atmings 2500			TOP STORY
	onlygon val	156 cays		
	18032 93 18032 93		Markey Dates	CARLOS BULL
Berries II, with	MAIN PROUSES	Vell		
	A CIPL SI Lat			
1.4.8.4	retroited visit in		a de la company	
Andrew 14, curyant	The state of the state of			
Less St. 1		ank yar milan Intrading ilsov		
	Contractions Contractions	end aborder		
	Light of Cole		Mi A mass	

Simmetra, W. Va.

Cupyer | 2/14/5 5E | Salmaton Maronic Robert A. Pumphrey-Ecthesda, Maryland

## FOR STATE HEALTH DEPT.

ny, please or. Page pr files. CHealth,

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TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessar	execute the certificate, writing the ward "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral directo	4 should be for ded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for presented to the control of the co	TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Boar	or its designated agent, prior to burial, cremation, or removal, and in any event within 72 baurs after death.
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5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 2153 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

02134 Reg. Dist. No.

	MAUU									7-1
1, PLACE OF DEATH					2. USUAL RESIDENCE (V	Where decea			nce before	odmissian)
Mont	gomery		MARYE	LAND	o. STATE D.C.		b. COUNT			
b. CITY OR TOWN (If and give negres) fown)	outside corporate limits, write	RURAL	c. LENGTH OF STAY I	N 1b	c. CITY OR TOWN (II	f autside car	porate limits, write	RURAL ond	give neor	est town)
Kensington (	Gardens Nur	sing	Home 1 mo		Washingt	on	11	7X.3		
			spitol, give street oddress	)	d. STREET ADDRESS		7		•	IS RESIDENCE
3000 McCon	las Ave. Si	lver	Spring		2829 27t	h St.	N.W.		Y	ES NO
3. NAME OF DECEASED (Type or print)	Fire		Middle		Lost	4. DATE OF	Month		Day	Yeor
	Edward L.					DEATH	Feb. 2			19 59
5. SEX	6. COLOR OR RACE	7. MARRI	EDE NEVER MARRIED	8. D	ATE OF BIRTH		9. AGE (In years lost birthday)			UNDER 24 HRS.
Male	White	WIDOWE	D DIVORCED		Jan. 26, 1	875	Bal yrs.	Months [	Doys H	ours Min.
100. USUAL OCCUPATIO	N (Give kind of work	ione 10b.	KIND OF BUSINESS OR II	NDUSTRY	11. BIRTHPLACE (Stote	or foreign o	country)	12. CITIZ	EN OF W	HAT COUNTRY
The state of the s	g life, even if refired)	1 -				175			- 1	
Steward  13. FATHER'S NAME		1 21	oreham Hote		Mass.			U.	S.A.	-
13. TATHER 3 NAME				1	4. MOTHER'S MAIDEN I	NAME				
E. Lewis	Sturtevan	t			Mary unkin	own				
15. WAS DECEASED EVE	R IN U. S. ARMED FOI		SOCIAL SECURITY NO.	17. INFO	DRMANT		83'6dr Pc	ot omac	Pla	7.8
no	In yes, give war or dotes or		82-01-5682	Mac	Miriam H.	Dougl				
10 CAUSE OF DEAT	H [Enter only one cau	line	for (a) (b) and (a) )	Trar 2	MILITARE No.	Dong	las j	Vash.	THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TW	
	H WAS CAUSED BY:								ONSET A	BETWEEN ND DEATH
	IMMEDIATE CAUSE (a)	Acu	te Congesti	ve He	eart failur	e			3 1	hrs
442X	DUE TO							2-1111		
Conditions, if on	y, which) (b)	Ch	ronic cardi	o-ri	assess for				mo	nths
gave rise to immed	iate cause	Oli	Louise Cards	0-111	nai desease				moi	ILLIIS
(a), stating the u	nderlying DUE TO									
couse lost.	) (c).									
PART II. OTH	ER SIGNIFICANT CON	DITIONS CO	ONTRIBUTING TO DEATH	BUT NOT	RELATED TO THE TERM	INAL DISEAS	E CONDITION GIV	EN IN PART	1(0) 19. 1	WAS AUTOPSY PERFORMED?
18									YES	
PART II. OTH  20g. EXTERNAL CAU PRIMARY   or CON CAUSE OF DEATH.	SE WAS TRIBUTING (	b. DESCRIB	E HOW INJURY OCCURE	RED. (Ente	r nature of injury in Par	t I or Port II	of item 18.)			
		las t								
20c. TIME OF INJUR Haur a. m. p. m.	Y Month, Day, Yea	Whil		e. PLACE factory,	OF INJURY (Home, form, street, affice bldg., etc.	n, 20f. (City	y or town)	(Cour	nty)	(Slote)
21. I certify th	at I took charge	of the	remains described	above	, held an Autops	v П. I	nspection X	Inquiry	X	and in my
			causes 🗓, Accid				Territory 1			,
ACTUAL	2 10 6	2	0.4		. CHIEF MEDICAL EX	VAMINED [7]			Di	ATE SIGNED
SIGNATURE	why I	SW	rhout	A	A.D.				0.1	1000
EXAMINER'S	rank J. Bro	acher			ASSISTANT MEDIC			Feb.	24,	1959
					DEPUTY MEDICAL					
CREMATION	2/26/59	F	22c. NAME OF CEMETER				TION (City, town, o			(Sigte)
23. FUNERAL DIRECTOR	SIGNATURE		1.			D BY REGIST		TRAR'S SIGN		LIAND
WARNER E. P		NC.	SILVER SPRI	ING,	MD. FF	B 2 7 '5		hun 8 4		
Kaymen	a 61. 310	Ra			DATE -			m 1 4. 7	naus	
	6									

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VS A15 (4) 15M 10/57

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#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2154 CERTIFICATE OF DEATH

	lontgomery			RYLAND	o. STATE	ryla	nd	b. COUNTY	Montg	before admission) omery	
RURAL ond give of Chevy	If outside corporate limi earest town) 'hase	ts, write	c. LENGTH OF STA	Y IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  X Chevy Chase						
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, g	ive street	oddress)		d. STREET AC		rk S	treet		e. IS RESIDENC ON A FARM YES NO	۸?
B. NAME OF DECEASED (Type or print)	Anna		Middl M	•	Stutz		4. DATE OF DEATH	F'el		Day Year 16,1859	)
sex Female	White	7. MARR		_	Nov. 28			9. AGE (In years last birthday) 87 yrs	Months Do	YEAR IF UNDER 24 H	-
during most of wor Housewij	ON (Give kind of work king life, even if retired	done 10b.	KIND OF BUSINESS	OR INDU	STRY 11. BIRTHPLA Washi		0		U.S	N OF WHAT COUP $A$	NTRY
3. FATHER'S NAME	450	32.8			14. MOTHER'S						
Charles	M. Robin	son			Anna	Rose	ecrof	t Vanc	9		
5. WAS DECEASED EVI	R IN U. S. ARMED FOR (If yes, give wer or dates of s None	CES? 16. ervice)	None		nformant en Bohre	er_Ne	ephew	Readi	ng, Pa	•	
Conditions, if of gove rise to icause (a), stating lying cause lost.  PART II. OT  20a. ACCIDENT W. OR CONTRIBUTION	mmediate (	)	rtericos			THE TERMII	NAL DISEASI	CONDITION GI	VEN IN PART 1	(o) 19. WAS AUTOR PERFORMED YES \( \) NO	17
	AS UNDERLYING  G CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY	OCCURRE	D. (Enter nature of	injury in P	art I or Part	II of item 18.)		13 110	Ш
20c. TIME OF INJUI Hour a.m. p. m.	RY Month, Day, Yes	20d. It While at warl	Not while at work	20e. Pt fo	ACE OF INJURY (H ctory, street, office	lome, form, bldg., etc.	20f. (City	or town)	(Cau	enty) (St	tate)
21. I certify the alive on Fe expension of the signature	That he	195	9, and the	at death	occurred at	8:22	lene	the causes reet city or town Rd 1961	and on the	2-/6	GNE
	ON, 22b. DATE THEREC	F	22c. NAME OF CE		R CREMATORY		22d. LOCAT	N . W .  ION (City, town,		2/16/ (State)	
Calmile	n 2/17/5	9	J. Wm.	. ье	e's Son	s Co	• 300-	4th St	. N.E.	. Wash.2	,I
. FUNERAL DIRECTOR	'S SIGNATURE		ADDRESS	0	pe,		BY REGIST		ISTRAR'S SIGN	ATURE	
1,11	- Lelo		Wash.	N'C		DATE FE	B 1 8 '5	9 0	rthung 8. 9	Tinesa	

DEDEATH:	TADRITHD 37	8	
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TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessive the certifie, writing the ward "pending" in pendil in them, 18. Give Pages 1, 2/ and 3/0, the funeral direction 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for a TO FUNERAL DIRECTOR: Page 3 should be used as a bunial-transit permit. File pages 1 and 2 with the State Board or its designated agent, prior to burial, cremation, ar remaval, and in any event within 72 hours after death.

VS. A15ME 5M 2/57

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EOR STATE	
HEALTH DEPT.	
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#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 2008 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

02136

Reg. Dist. No.

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If	institution: Residence before admission)
o. COUNTY Montgoming	MARYLAND	o. STATE mel b. Co	ounty monts
b. CITY OR TOWN (If autside constrate limits, write URAL and give nearest lown)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits,	write RURAL and give neorest lown)
Takoma Park	8 hrs	56 Silver Sprin	-4
d. NAME OF HOSPITAL OR INSTITUTION (If not in I	nospitaly give street address)	d. STREET ADDRESS	e. IS RESIDENCE
Wash. San and Ho	ap .	8809 Glewille	Rel VES NO D
3. NAME OF DECEASED	Middle	OF	Month Doy Year
(Type or print) Vergen	el Swee	ney DEATH of	ch 25 1959
5. SEX 6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED 8.	DATE OF BIRTH 9. AGE In 7 lost birthdu	.)
Les White WIDOV	94	7-5-15 43	yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b during most of working life, even if retired)	. KIND OF BUSINESS OR INDUSTI	11. BIRTHPLACE (Stote or foreign country)	12. CITIZEN OF WHAT COUNTRY?
unemployed		Nico	M.S.a.
13. FATHER'S NAME	ŧ	14. MOTHER'S MAIDEN NAME	
Edward L. Bruso	n	mannet & lives	en den
15. WAS DECEASED EVER IN U. S. ARMED ORCES? 1	6. SOCIAL SECURITY NO. 17. IN	FORMANT A	ddress
[Yes, no, or unknown] (If yes, give war or date of service)	1	tool Record	
18. CAUSE OF DEATH [Enter only one cause per lin	ne for (a), (b), and (c).]		INTERVAL DETWEEN
PART I. DEATH WAS CAUSED BY:	3.00	the state of the s	ONSET AND DEATH
970. 2 IMMEDIATE CAUSE (6)	inguality )	rueux.	10 0
Condition II and a Nich	212+17	D '	12 hrs
gove rise to immediate couse	fartilizate,	poison	
(o), stoling the underlying DUE TO	(/		
	CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDITIO	N. C. Web Library Libr
PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDITIO	PERFORMED?
3			YES NO
PART II. OTHER SIGNIFICANT CONDITIONS  20g. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	RIBE HOW INJURY OCCURRED. (E	nter noture of injury in Fort I or Fort II of item 18.)	
	I INJURY OCCURRED 20e. PLAC	E OF INJURY (Home, form, 120f. (City or town)	(County) (State)
	hile Not while facto	ry, street, office bldg., etc.)	(cost)
21. I certify that I taok charge of the		ve. held an Autopsy . Inspection	A. Inquiry A, and in my
opinion death resulted from: Natura			idetermined manner
1 commendation of the comm	Cooses [], Accident [		idelermined manner
ACTUAL IN A	and and	CHIEF MEDICAL EXAMINER	DATE SIGNEO
SIGNATURE THEMA YOU AN	renav	ASSISTANT MEDICAL EXAMINER	
EXAMINER'S PLANK J. B.	hoschart	DEPUTY MEDICAL EXAMINER S	26-25-1959
220. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY OR	CREMATORY 22d. LOCATION (City, 1	own, or county) (Slate)
Bur Tal 2/28/195	9 National Me	morial Park Falls Cl	hur ch , Virginia
23. FUNERAL DIRECTOR'S SIGNATURE	2901 14th S	T W 240. REC'D BY REGISTRAR 24b.	REGISTRAR'S SIGNATURE
The S. H. Hines po.	Wash.D.C.	DATE FEB 2 7 '59	aritur S. Kraus

C

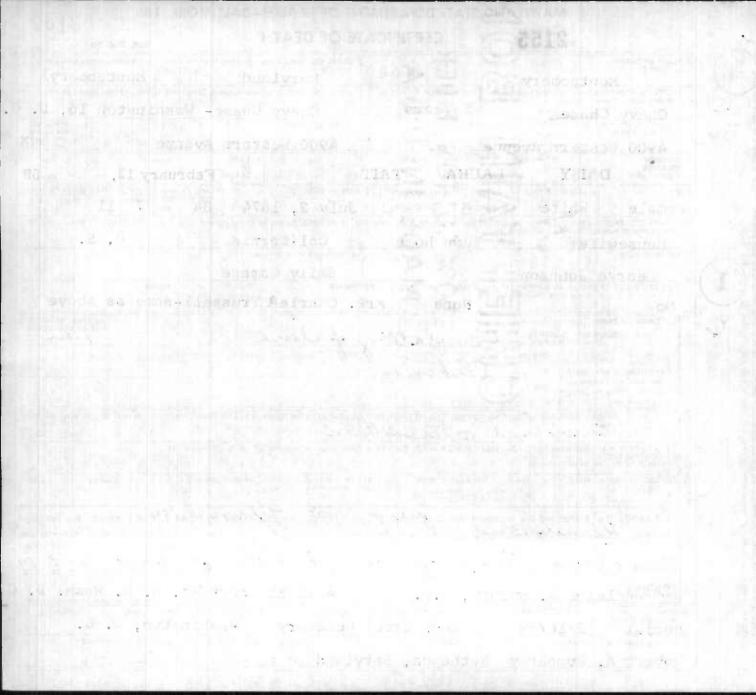
NDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours after

TO MUSTILLE CAN the haspital or attending physician.

TO FUNERAL DIRECTUM: After this certificate has been signed by the attending physician and completely filled in by the page 3 should be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be detached far use as the burial-transit permit. Then please remove carban papers.

VS A15 (4) 15M 9/58

NTOO			Reg. Dist	. No.
1. PLACE OF DEATH		2. USUAL RESIDENCE (Where decease		e before admission)
o. COUNTY Montgomery	MARYLAND	d. STATE Maryland	b. COUNTY Mont	gomery
b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)		c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest tawn)		
Chevy Chase	5 years	X Chevy Chas	e- Washingto	on 16, D.
d. NAME OF HOSPITAL (If nat in haspital, give street address) OR INSTITUTION		d. STREET ADDRESS  e. IS RESIDENCE ON A FARM? YES [] NO []		
4900 Western Avenue	2	4900 Western	Avenue	TES [] NO [2]
B. NAME OF DECEASED (Type or print) DAISY	AURA TAI	T Last 4. DATE OF DEATH	February 13,	Day Year 19 59
5. SEX 6. COLOR OR RACE 7. MA	RRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years IF UNDER 1	
Female White WIDON	WED MED DIVORCED	July 2, 1874	84 yrs. Months 1	Hours Min.
Oa. USUAL OCCUPATION (Give kind of wark dane 101 during most af warking life, even if retired)				EN OF WHAT COUNTRY
Housewife	Own Home	California	U.	. S.
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
George Johnson		Emily Gamage		
5. WAS DECEASED EVER IN U. S. ARMED FORCES? 1(Yes. no. or unknown) (If yes, give war or dates of service)		NFORMANT	Address	
No	None Mi	rs. Charles Trus	sell-same as	sabove
18. CAUSE OF DEATH [Enter only one couse per PART I. DEATH WAS CAUSED BY:	line for (o), (b), and (c).]	lailus		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (o)	ne auch u	y factions		1400
450.0 DUE TO	111	0 0		
Conditions, if ony, which ) (b)	Calleya			
gove rise to immediate couse (o), stating the under DUE TO				ALC: NO
lying couse last. (c)				
PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEAS	E CONDITION GIVEN IN PART	1(o) 19. WAS AUTOPSY PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS SUBJECT OF THE PART II.	arterio sel	ersis		YES NO
	SCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Part I or Por	t II of item 18.)	
20c. TIME OF INJURY Manth, Day, Year 20d.	INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, form, 20f. (City	ar tawn) (Ca	ounty) (State
Haur o. m. Whil	e _ Not while _ for	ctory, street, office bldg., etc.)		,
p. m.	ork ot wark	60 111		
21. I certify that I attended the deced		, 1900, to HEDNUM	14 13, 195 9 that I las	t saw the decease
alive an Hebruary 3, 19	27, and that death	occurred at 12" PM, fram	the causes and on the	date stated above
Co. Wim.	. 1. 1.5	ADDRESS (S	treet, city or town, state)	DATE SIGNE
SIGNATURE / Laure W//W	your my	M.D. 4812 Elle	will MNW	2-13-5
21192121212				
PHYSICIAN'S NAME (Type) Elaine W. Murp	hy, M.D.	4812 Ellicot	t St. N. W.	Wash. D.
20. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY O	R CREMATORY 22d. LOCA	TION (City, tawn, or county)	(State)
Burial 2/16/59			ashington, D	. C.
B. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24a. REC'D 8Y REGIS		
Robert A. Pumphrey	Bethesda, Ma	ryland DATE FEB 18	59 arthur S.	Harris
TIVE LE AND A CHILDITE CY	Decileogas 110	a y awaren   min FED 1 U	Carrinal D.	1 UVANAGE



e. IS RESIDENCE

INTERVAL RETWEEN ONSET AND DEATH

> PERFORMED? YES NO

> > (State)

(State)

(County)

24b. REGISTRAR'S SIGNATURE

arthur S. Frank

24o, REC'D BY REGISTRAR

DATE FEB 9

ON A FARM?

YES NO TO

Year

19.5

carbon ofter 0

1 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY b. COUNTY MARYLAND men onlatonzery b. CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) RURAL and give nearest town) SILVER SPRING d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS 724 GIST AVENUE OR INSTITUTION COCKE TEXAS XXVXXIX MXVX NAME OF Middle 4. DATE Month DECEASED (Type or print) DEATH 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HES lost birthday) Months WIDOWED IT DIVORCED T 10a. USUAL OCCUPATION [Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) SHOALS, INDIANA OWN HOME 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address 197-22-2160 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate DUE TO cause (a), stating the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Parl I or Part II of item 18.) 20c. TIME OF INJURY Month. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City or tawn) Day, Haur a. st. factory, street, affice bldg., etc.) Not while at wark at work ... 195 2 that I last saw the deceased 21. I certify that I attended the deceased from. and that death occurred at 9.000M, from the causes and on the date stated above. ADDRESS (Street, city or town, state) ACTUAL SIGNATURE PHYSICIAN'S SERUCH T. KIMBLE NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify) MADISON COUNTY, ARKANSAS LABAM CEMETERY ADDRESS SILVER SPRING, MD.

15M 9/55

# THE CHILD CAME DECISION SOUTH AND THE CAME WHEN SAME THE SAME WAS AND THE COMMON TO BE SAME OF THE CAME OF THE CAM the same of the sa and hear the cit of the bear at the Carl Charles of the Land Carl Charles of the Carl

# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 24 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If ony delay is necessary, please secure the certificate within the word "pending" in pending in them. 18. Give Poges 1, 2, and 3 to the funeral direct. Page 3 should be forweated to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for the Size of the Funeral DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremotian, or removal, and in any event within 72 hours after death.	
certificate should be e d'pending" in penci ledical Exominer's Off be used as a burial-t of, cremotian, or rem	
EXAMINER: This ie, writing the worlded to the Chief M. TOR: Page 3 should ogent, prior to buri	
execute the cert 4 should be form TO FUNERAL DIREC or its designoted	
VS. A15ME	0

6130	Reg, Dist, No.
1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
o. COUNTY Manty on erry MARYLAND	o. STATE Med b. COUNTY montes
b. CITY OR TOWN (If outside prporate limits, writer JURAL and give fresh own)  15 Man	c. CITY OR TOWN (If outside corporate limits, write RURAL and give neglest town)
d. NAME OF HOSPITAL OF INSTITUTION (If not in hospital, give street address)  Manty Co. Sess. Hosp	d. STREET ADDRESS  e. IS RESIDENCE ON A FARM? YES \( \sum \) NO \( \sum \)
3. NAME OF DECEASED (Type or print) Place: First A Middle (F)	Lost 4. DATE Month Doy Year OF DEATH 2 - 20 19 50
5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED     8	I. DATE OF BIRTH P. AGE (In yours   IF UNDER TYEAR IF UNDER 24 ARS.
male Pal WIDOWED   DIVORCED	12-9-96 (62 yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of wark done 10b. KIND OF BUSINESS OR INDUST during most of working life, even if retired)	TRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
mone	md 41.8.6.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Char row. / homas	marthu E. Carter
15. WAS DECEASED EVER IN U. S. ARMED FORCES? [16. SOCIAL SECURITY NO. [75, no, or unknown] [If yes, give war or dotes of service]	NFORMANT Address
I Se	Catrice Thomas - Handy April M
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Colombia	Henontage
45/X DUE TO	
Conditions, if any, which) (b) Kuptured Chrosecti	ing Generalysm of
(a), stating the underlying DUE TO Scholonical a	devita 1
couse last. (c).	V
PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO SECURITY OF CONTRIBUTING CONTRIBUTIONS CONTRIBUTING CONTRIBUTIONS CONTR	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES NO
	Enter nature of injury in Part I or Port II of Item 18.)
20c. TIME OF INJURY Month, Day, Yeor 20d. INJURY OCCURRED 20e. PLA Hour o, m, p. m. 19 at work of work	CE OF INJURY (Home, form, 20f. (City or town) (County) (State) ory, street, office bldg., etc.)
21. I certify that I took charge of the remains described obo	ove, held an Autapsy X, Inspection , Inquiry , and in my
opinion death resulted from: Natural causes X. Accident	
SIGNATURE Frank J. Broschart	M.D. CHIEF MEDICAL EXAMINER
EXAMINER'S FATUR J. Brosch 24	ASSISTANT MEDICAL EXAMINER  DEPUTY MEDICAL EXA
220. BURIAL CREMATION, 126. DATE THEREOF 2/24/59 Ash Memoria	
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	Md. DATE FEB 2 7 '59 Chilung S. Thans

HTARO TO STADRITERD SCHOOL AND TANK HERE STATE OF STA THE RESERVE OF THE PARTY OF THE

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

### CEPTIFICATE OF DEATH

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		14	1	-	Ţ	į

	6131	CERTITION	AIL OI BEATT		Reg. Dist. No.
1.	PLACE OF DEATH o. COUNTY Montgomery	MARYLAND	2. USUAL RESIDENCE (Who o. STATE MARYLA	- h COUNTY	on: Residence before admission) MONTGOMERY
	b. CITY OR TOWN (If autside carporate limits, wr RURAL and give nearest town) SILVER SPTUNG	c. LENGTH OF STAY IN 15 3 Months	c. CITY OR TOWN (IF of	utside corporote limits, write R PRING	URAL and give nearest tawn)
	d. NAME OF HOSPITAL (If not in hospital, give store Institution LeDeau Gardens Nur		d. STREET ADDRESS / 9108 COLUM	BIA BLVD.	e. IS RESIDENCE ON A FARM? YES NO
3.	NAME OF DECEASED (Type or print) Harriet First	H. Middle Ti	llson Last	4. DATE Mon OF DEATH Februar	† 10 <sup>Day</sup> 19 <sup>59</sup>
5.	Female Caucasian	MARRIED NEVER MARRIED DOWED X DIVORCED	B. DATE OF BIRTH 1/4/63	9. AGE (In years last birthdoy) 96 yrs.	Months Doys Hours Min.
10	to. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOMEMAKER	10b. KIND OF BUSINESS OR INDU		or foreign country) INOIS	12. CITIZEN OF WHAT COUNTRY
13.	FERDINAND HUBBARD		14. MOTHER'S MAIDEN N MARY OT	IS DORCHESTER	
15. (Y	(et. no. or unknown)  (If yes, give war or dates of service)		rs. Marion T.	Silkett, 9108	Columbia Blvd.
	421.4 IMMEDIATE CAUSE (6) DUE TO	Arteriosclero		· Disease	THIERVAL TETWEEN ONSET AND DEATH 36 hours
	Canditians, if any, which gave rise to immediate couse (a), stating the underlying cause last.  (b)  DUE TO				
FICATION					/EN IN PART 1(d) 19. WAS AUTOPSY PERFORMED? YES NO
L CERTIFI		DESCRIBE HOW INJURY OCCURRE			
MEDICAL	20c. TIME OF INJURY Manth, Day, Year 20 Hour a. m. 19 p. m. 19	Od. INJURY OCCURRED 20e. Pl Vhile Not while t wark at work	ACE OF INJURY (Hame, farm, ictary, street, affice bldg., etc.		(County) (State)
	11/11/	19 59 and that death	accurred at 4:30	M, fram the causes of ADDRESS (Street, city or town,	
	PHYSICIAN'S Robert Te	Thibadeau, M.		oncord Streeton, Marylar	
100	20. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)  CRANS ENTOMBMENT 2/16	22c. NAME OF CEMETERY CONTROL MAN		22d. LOCATION (City, town, or ROCKFORD, 1	
23	FUNERAL DIRECTOR'S SIGNATURE IN	IC. SPRIN	NG , MD . 24a. REC'I		STRAR'S SIGNATURE

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRE OR: After this certificate has been signed by the attending physician and campletely filled in by the control page 3 has burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the realistic page 1.0 burial crampion or removal and in any event within 77 haurs after death. VS A15 (4) 15M 9/55

VS A15 (4) 15M 10/57

	er this certificate has been signed by the attending physicion and completely filled in by the "Decal director,	for use os the burial-transit permit. Then please remove carbon papers. Pages I and 2 shalf and filed with	N
	the	should	
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	ly filled	oges 1 c	
	complete	popers.	ath.
	puo uc	orbon	ofter de
	physicio	emove c	haurs
	ending	leose re	, cremation. ar removol, and in any event within 72 haurs ofter death.
	the att	Then p	event w
	ined by	bermit.	n ony
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sprior or orienting physicion	e has b	ourial-tu	emovo
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5	is cert	use os	nation
2	er th	for	crer

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 2158

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**CERTIFICATE OF DEATH** 

Reg. Dist. No. 215

	Montgomer	.v	6	MAR	YLAND	o STATE Maryla	ndence (ww	ere deceased	d lived. If institut b. COUNTY MONU	ion: Resider	y Y	re admiss	sion)
1	b. CITY OR TOWN ( RURAL ond give n	If outside corporate lim	its, write	c. LENGTH OF STA	Y IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)					n)		
	Bethesda	(Rural)		28 da	vs	Silver	Spri	ng S	56				
		TAL (If not in hospital,	give street			d. STREET A	DDRESS		1			e. IS RES	
		al Hospita	1			9406 M	lonroe	Stree	et				FARM?
3. 1	NAME OF	Fi	rst	Middl	le	los		4. DATE	Mor	nth	Do	v	Yeor
	Type or print)	Ro	V	Oscar	r	TRAV	TS	OF DEATH	Febru		3	/	1959
5. 5	EX	6. COLOR OR RACE	7. MAR	RIED NEVER MARE	RIED   B	. DATE OF BIRTI			9. AGE (In years		1 YEAR		
M	ale	Caucasian	WIDOW	VED DIVORC	ED 🔲	1-13-9	7		last birthday)	Months	Days	Hours	Min.
10a	USUAL OCCUPATION	ON (Give kind of work	done 10b	KIND OF BUSINESS	OR INDUS	RY 11. BIRTHPL	ACE (State of	or foreign co		12. CI1	IZEN C	F WHAT	COUNTRY
	Carpenter	king lire, even it retired	1	Construction			. Car				U.S.	Δ	
-	FATHER'S NAME					14. MOTHER'S					0.0.	410	
	Henry TRA	VTS				Mary	HEWIT	rji					
15.	WAS DECEASED EVE	R IN U. S. ARMED FOR		SOCIAL SECURITY N	O. 17. IN	FORMANT	A Admin 11 to the day		Add	lress			
Yes	No. or unknown)	(If yes, give war or dates of		578-07-3436	Sir	T.) Harv	ey Jar	mee Br	acon. sar	ne as	110	abov	0
H		ATH [Enter only one co			-	TI TIGIT A	Cy Jas	ule a De	con, sai	ine as		ERVAL BE	
		ATH WAS CAUSED BY:	As	onchornic	-	nema	4771	mita	stusia			ET AND	
	162X	IMMEDIATE CAUSE (d	)_/	2 men govac	Jacob	700 77 000	W COL	77000	susus		-		
		DUE TO									3	-6-	morite
	Conditions, if a gove rise to i	mmediate											
	couse (o), stoting lying couse lost,	the under-	,										
z		HER SIGNIFICANT CON		CONTRIBUTING TO D	EATH DUT A	IOT BELLTED TO	THE TERM	IAL DISEASE				0 11110	
CATION	TAKI II. OII	TIER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO D	EATH BUT I	NOT KELATED TO	) THE TERMIN	NAL DISEASI	E CONDITION GIV	EN IN PAR	1 1(0) 1	PERFO	RMED?
5	20- ACCIDENT W/	AS LINDSBUVING TO	20h DE	COIDE HOW IN HIRDY	O C C LIBBER	45.4						YES X	NO 🗌
CERTIFI	OR CONTRIBUTING	AS UNDERLYING DEATH CAUSE OF DEATH MEDICAL EXAMINER)	200. DE:	SCRIBE HOW INJURY	OCCURRED	(Enter noture o	t injury in Pi	ort I or Port	II of item IB.)				
	20c. TIME OF INJUR		001		120 BLA	CF OF HARMON							
MEDICAL	Hour o. m.		While		fact	CE OF INJURY II	bldg., etc.)	20t. (City	or town)	(0	County)		(Stote)
1 1	p. m.	19		rk ot work									
	21. I certify th	nat I attended the	deceas	sed from Janu	ary 6	19.59	, ta Fel	bruary	7_3_, 19_59	,that I	last so	w the	deceased
	alive on Feb	ruary 2	, 19	59, and tha	t death	accurred at	5:25A	_M, fran	the causes o	and an t	he da	te state	ed abave
		Λ.	/	4.1					reet, city or town,				ATE SIGNED
	ACTUAL SIGNATURE	prome	1:	/ Soul		D. U. S	Nava	al Hos	pital.	INMC		2-3	-59
	PHYSICIAN'S	4			279								
	NAME (Type)	érome A. Go	)LD,	LT, MC, US	N	Beth	esda .	14, Ma	ryland				
220.		N. 226. DATE THEREC		22c. NAME OF CEA	AETERY OR	CREMATORY		22d. LOCAT	ION (City, town,	or county)		(State	e)
Bu		ment 2-3-59	)	111	0			Cha	rlottesv	rille		Va	•
23.5	PUNTUAL DIRECTOR	SIGNATURE / 54	1.51	4 SHODRESS CO	Co	1	24a. REC'D	BY REGIST	RAR 24b. REGI	STRAR'S SIG	SNATUI	RE	101
8	.H. Hines	co., 2901 1	.4th	St., NW, Was	hingt	on,DC	DATE FE	B 5	59 0	willing 2	P. Hu	ud	

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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not contact mother re this death certificate

William HAyatt



**CERTIFICATE OF DEATH** 

12142

			Keg, L	Jist, No.
1, PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where decear a. STATE	sed lived. Il institutions Reside	ence before admission)
Montgomery	MARYLAND	Maryland	יווווווווווווווווווווווווווווווווווווו	onlagmen
	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside cor	porote limits, write RURAL and	
Takama Park, Md.	18 days	Takoma (	ark	
d. NAME OF HOSPITAL (If not in haspital, give street as OR INSTITUTION	idress)	d. STREET ADDRESS	0 1 1 1 A	IS RESIDENCE     ON A FARM?     YES  NO  NO  NO  NO  NO  NO  NO  NO  NO  N
Washington Danitar	clum & Hos	hital 885/	loarland A	we, I work
3. NAME OF DECEASED (Type or print)	Middle	Lost 4. DATE OF	w 1	Day Year
DUTTE	STUhar	B. DATE OF BIRTH	TE D.	8 1957 ER 1 YEAR IF UNDER 24 HRS.
		B. DATE OF BIRTH	lost birthday) Months	Days Hours Min.
Male White WIDOWED		12-29-05	53 yrs.	
10a. USUAL OCCUPATION (Give kind of work done 10b. Kl during most of working life, even if retired)	IND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State or foreign	country) 12. C	ITIZEN OF WHAT COUNTRY
Pediatrist		N.C.		America
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
Lewis H. Upchi	urch	Rader	Howel	1
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.50 [Yes, no or unknown)   (If yes, give war or dates of service)	SCIAL SECURITY NO. 17.	NFORMANT	Address	
No		Ptibl Char.	+. ~	
18. CAUSE OF DEATH [Enter only one couse per line	for (a), (b), and (c).]	1 9/	-()	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	had in a	) = Ile ha	les Soulling	ONSET AND DEATH
IMMEDIATE CAUSE OF	MOSCON X	much s gar	Le Justificació	2 2900
DUE TO	- 0		10	l.
Conditions, if ony, which (b)	minas	uremea		1656.
gave rise to immediate DUE TO				
lying couse last. (c)				
Part II. OTHER SIGNIFICANT CONDITIONS CO	INTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEA	ASE CONDITION GIVEN IN PA	RT 1(a) 19. WAS AUTOPSY PERFORMED?
5				YES NO
	HE HOW INJURY OCCURRE	D. (Enter nature of injury in Part I or P	ort II of item 18.)	
	JURY OCCURRED   20e. PL	ACE OF INJURY (Home, form, 20f. (C	·	16
Hour o.m. While		ctory, street, office bldg., etc.)	ity or town)	(County) (State)
p. m. 19 at work	at work			
21. I certify that I attended the deceased	d from 1-15-3	9 19 ta 2-8	59 19 that	last saw the decease
alive an 2 -8 559 180	, and that death	0500	am the causes and an	
dive di	, and mar deam		(Street, city or Jown, state)	THE GOIE STOTEG GDGV
ACTUAL ASSET	0/2	013/1600	911	7-4-1
SIGNATURE SECURIOR SIGNATURE	uffile	M.D.	WEELLY WILL	6-0 V
PHYSICIAN'S NAME (Type)		Pilee	Spercez/Ke	Le la
220 BURIAL GREMATION 22b. DATE THEREOF	22c. NAME OF CEMETERY O	R CREMATORY 22d 100	ATION (City, town, or county	) (Stote)
REMOVAL (Specify) 2/9/59	and of Complete			
5/1/17	100000			ld.
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	240. REC'D BY REG		SIGNATURE
D. A. Wmer Co	2901-14	A. h.W. DATE FEB 1 0	'59	0 4

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIR OR: After this certificate has been signed by the attending physician and campletely filled in by the page 3 should be Vetoched for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 sh the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

eral director.

VS A1S (4) 15M 9/55

TE OF DEATH	CERTIFICA	3103	
According to the second			
			A House to Com
			United States
			Day of the Last
		OF U	

# TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4

erol director, by the haspital or otherding physicion.

OR: After this certificate has been signed by the attending physician and campletely filled in by the setached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 showed ache. the registror prior to burial, cremation, ar remayal, and in any event within 72 bours moy be retained TO FUNERAL DIRE

VS A15 (4) 1SM 10/57

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# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2159 CERTIFICATE OF DEATH

Reg. Dist. No.

1.	o. COUNTY MONTGOME.	RY	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE MARYLAND b. COUNTY MONTGOMERY							
	b. CITY OR TOWN (If outside RURAL and give nearest tov SILVER SPR	corporate limits, write	c. LENGTH OF STAY IN 16 12 years	c. CITY OR TO	WN (If outside corp	SPRING	URAL and give no	earest town	)		
	d. NAME OF HOSPITAL (IF no OR INSTITUTION 940	of in hospital, give stree 8 FLOWER AV		1d. STREET ADD 9408	FLOWER A	VENUE			DENCE FARM? NO		
3.	NAME OF DECEASED (Type or print)	First JAMES	Middle EDWARD	VOGTS, S	A. DATE OF DEATH	Mon FEBRU			reor 59		
	SEX 6. COU WALE WHI			B. DATE OF BIRTH Aug. 26,	1894	9. AGE (In years lost birthday) 64 yrs.	Months Doys	R IF UNDE Hours	R 24 HRS. Min.		
	a. USUAL OCCUPATION (Give during most of working life, BROKER - Food	even if refired)	kind of Business or Industrial 16-employed	MARYLA		country)	U.S.		COUNTRY		
	ANTON HENRY VO	GTS		14. MOTHER'S M.	iza	MONTG	OMERY				
	. WAS DECEASED EVER IN U. Ses. no. or unknown) (If yes, give	wor or dates of service)	577-03-3386 Mr	s. Madge	C. Vogts,	9408 Flo Silver S	wer Ave.	Marvla	and		
	Conditions, if ony, while gove rise to immedia couse (a), stating the under	CAUSED BY: IATE CAUSE (o) DUE TO  Ch (b) Ne	Heart Be	tokes of	lynder	ne (e)	ON	TERVAL BET	DEATH		
CERTIFICATION	PART II. OTHER SIGN  200. ACCIDENT WAS UNDER OR CONTRIBUTING CAU	RLYING   20b. DE	CONTRIBUTING TO DEATH BUT				EN IN PART 1(0)	PERFO	NO []		
MEDICAL	20c. TIME OF INJURY Mont Hour o.m. p. m.	While		ACE OF INJURY (Hortory, street, office bl	me, form, 20f. (Cit dg., etc.)	y or town)	(County	)	(State)		
	actual SIGNATURE	Cleary (	sed from Much	4				ate state			
720	BURIAL CREMATION 22b.	DATE THEREOF	Y.D. 22c. NAME OF CEMETERY OF	CREMATORY	elver	TION (City, town, o	ng i	ned			
	REMOVAL (Specify)	18/58	CEDAR HILL CE		PRINC		COUNTY,	MD.			
23.	FUNERAL DIRECTOR'S SIGNA WARNER E. PUM ROYMOND	TURE PHREY, INC	ADDRESS SILVER SPRI	210 200	ATE FEB 1 7		TRAR'S SIGNATU				

HYAMOLO STADETERS 

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2160 **CERTIFICATE OF DEATH** 

	Keg. Dist. No.
1. PLACE OF DEATH O. COUNTY Prince GLO MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution, desidence before admission)  o. STATE  b. COUNTY  Montagement
b. CITY OR TOWN If outside corporate fimits, write c. LENGTH OF STAY IN 16 RURAL and give rice arest, town)	c. CITY OR TOWN (If outside carporate lights, write RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS University Black VES   NOVE
3. NAME OF DECEASED (Type or print) Clar Middle Mrunc	OS Walling DEATH DEATH Day Year 21 1959
5. SEX Genulo 6. COLOR OFFICE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	8 DATE OF BIRTH 9. AGE (In years   IF UNDER 1 YEAR IF UNDER 24 Mrs.   Months   Doys   Hours   Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  ### ### ### ########################	ma US
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME (?) Calvert Co.
15. WAS DECEASED EVER IN U. SARMED FORCES? 16. SOCIAL SECURITY NO. 17. II	Fina Wallow 933 -52th 800
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO  Conditions, if any, which gave rise to immediate cause (a), stating the under-lying cause last.	blood pressure. 10 yrs
(0)	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES \( \sum \) NOS
	D. (Enter nature of injury in Part I or Part II of item 18.)
	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ctory, street, office bldg., etc.)
21. I certify that I attended the deceased from Tuberal alive on Tuberal Actual SIGNATURE SIGNAT	occurred at 2.05 Million the causes and an the date stated above ADÓRESS (Street, city or town, state)  M.D. 509 M. D. QUAL N. W.
220 (BURIAL CREMATION, 226. DATE THEREOF REMOVAL (Specify) Fel. 24,59 22c. NAME OF CEMETERY OF THE PROVIDENCE OF THE PROPERTY	R CREMATORY 22d. LOCATION (City, town, or county) (Stote)  Port Republic and
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS P.F. Socrell Prince Free	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE DATE  OF THE PROPERTY OF TH

	Flore.				
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A SENT			198 and 085 o		
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and the state of t		7500	A 00	Total R	9

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# FOR STATE HEALTH DEPT.

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TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 haurs after death. If any delay is necessary, please execute the certificite, writing the word "pending" in pendi in Item 18. Give Pages 1, 2, and 3 to the funeral discipant. Page 4 should be for aided to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained from files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2, with the Slate Bod or Health, are its designated agent, prior to burial, cremotion, or remayal, and in any event within 72 hours offer death. M

VS. A1SME 5M 2/57

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

23.63	Reg. Dist. No.					
1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)					
o. COUNTY MARYLAND	o. STATE b. COUNTY Monta					
b. CITY OR TOWN (If outside corporate limits, write BURAL c. LENGTH OF STAY IN 1b only give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)					
Gler Ecty Hts 9 yn	X. Glen Echo Hts.					
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?					
5102 Wetanken Rd., Wark 16 DC	5702 We havken Rd, Went 16 DC YES NO D					
3. NAME OF DECEASED (Type or print) albert aloyour	Ward DEATH Doy Year 1959					
5. SEX  6. COLOR OR RACE  7. MARRIED TO DIVORCED TO DIVORCED TO	3. DATE OF BIRTH  2-16-1407  9. AGE (In years left UNDER TYEAR IF UNDER 24 HRS.  Months Doys Hours Min.					
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUST						
Mechanics (Sunt)	De 11.5-C					
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
Francis 4. Ward	Samette Barron					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. If 1901, no. or unknown) 3 (If yes, give wor or dates of service)	NFORMANT Address					
VES WWI 578-05-2494 C	atherni Ward (w/s) Hen 2					
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH					
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Cornary Oc	colusion 10 min					
420.1 DUE TO						
Conditions, if ony, which						
gove rise to immediate couse (e), stating the underlying DUE TO						
couse last. (c)						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT IT  200. EXTERNAL CAUSE WAS PRIMARY   or CONTRIBUTING	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES NO [					
206. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CONTRIBUTING CAUSE OF DEATH.	Enter noture of injury in Part I or Port It of item 18.)					
20c. TIME OF INJURY Month, Doy. Year 20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, form, 20f. (City or town) (County) (5101e)					
20c. TIME OF INJURY   Month, Doy, Year   20d. INJURY OCCURRED   20e. PLA   While   Not while   foct   year   19   of work   of work	tory, street, office bldg., etc.)					
21. I certify that I took charge of the remains described obo	ove, held on Autopsy , Inspection , Inquiry , and in my					
opinion death resulted from: Natural couses 🔏, Accident	, Suicide , Homicide , Undetermined manner					
ACTUAL A. Barreda +	CHIEF MEDICAL EXAMINER					
SIGNATURE SELLING Y STENEY	ASSISTANT MEDICAL EXAMINER					
EXAMINER'S FLANK I Brusch 2 H	DEPUTY MEDICAL EXAMINER 2-24-59					
220. BURIAL, CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR	C CREMATORY (Stole)					
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS	1/2/ OF DE DECISTORS TON DECISTORS CICALITIES					
23. FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  ADDRESS  ADDRESS	246. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE					
して、して、これについているとはでして、これは、これははは、	DAMAR 2 '59 Quieng & House					

VS A15 (4) 15M 9/55

MARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE,	18
2100			

2162 CERTIFICATE OF DEATH

12146 Reg. Dist. No.

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission)
o. COUNTY Man & comercy MARYLAND	o. STATE MORNIGANO b. COUNTY Mant 9 0 mm by
b. CITY OR TOVIN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Buttogada 48 has	26 Rock ville
d. NAME OF HOSPITAL (If not in haspital, give street address)	d. STREET ADDRESS / /
OR INSTITUTION SURVEYED AND	618 169th Horeners hun YES NO
3. NAME OF First Middle	Lost 4. DATE Month Day Yeor
OECEASED (Type or print) Chnie Elow	Waters DEATH 2 24 1959
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.  19st birthdoy) Months Doys Hours Min.
Transle ( widowed Divorced )	Chalin 12 1914 44 yrs. Months Doys Hours Min.
10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUS during most of working life, even if retired)	TRY 11. BIRTHPLACE (Store or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Home maker	Maryland U.S.A
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Honry Sholten	mage M. Wood
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO: 17. II	NFORMANT Address
(IT yes, give not or once of service)	aband Harry Lee Waters Same
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  Trype and	1. 1 0 1
420.1 DUE TO	
(Conditions, if any, which) (b) Coronary	and Hambers 24 has
gove rise to immediate	
lying couse lost.	A-S mly
	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
Western I like of	Applications of Cha hablish YES NO D
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH OUT TO DEA	D. (Enfer noture of injury in Port I or Port II of item 18.)
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
3 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Hame, farm, 20f. (City or tawn) (County) (State)
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED to for p. m. 19 While of work of work	tory, street, office bldg., etc.)
	1953, to Z/LY/ 19 57that I last saw the deceased
alive an, 1927, and that death	occurred at 51357M, from the causes and an the date stated abave.  ADDRESS (Street, city or lown, state)  DATE SIGNED
ACTUAL AND 1 1 0	A 1 The D 1 3/24/2
SIGNATURE SIGNATURE	M.D. MONTHALL MELLET 1991
PHYSICIAN'S NAME (Type)	
220. BURIAL, CREMATION, 22b. DAJE THEREOF 22c. NAME OF CEMETERY O	R CREMATORY 22d. LOCATION (City, town, or county) (State)
REMOVAL Sacify) 3/1/59 Lincoln Pa	
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
Role P. Lurveller Rockville,	M3.
LANCO VI ANCHONIC HOUSE TITLE	DATE FEB 27'59 arthur S. Thates 16

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, I

# CERTIFICATE OF DEATH

02147

		CERTIFICA	IL OF DEATH			Reg. Dist. No. 215			
	1. PLACE OF DEATH o. COUNTY Montgomery	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Virginia		. If institution b. COUNTY Fairfa:		fore admiss	ion)	
ź	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If or	utside corporate li	mits, write RUI	RAL and give n	earest town	1)	
	Bethesda (Rural)	43 days	Falls Church	h	8	3x-	3		
,	d. NAME OF HOSPITAL (If not in hospital, give street of NAME OF INSTITUTION	oddress)	d. STREET ADDRESS				e. IS RES	FARM?	
	U. S. Naval Hospital		922 Dashiel	1 Road			YES _	NO 🔯	
	3. NAME OF First DECEASED	Middle	Lost	4. DATE OF	Month		Doy	Yeor	
	(Type or print) James	Cornelius	WATSON	DEATH	Februa			19 59	
		TO	. DATE OF BIRTH	los	birthdoy)	Months Days	-	Min.	
	Male Caucasian Widows	(2)	8-25-90		68 yrs.	110 CITIZEN	05 140147		
	10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)					12. CITIZEN		COUNTR	
	Labor Foreman U	. S. Bovt.	Washingto		•	U.S	.A.		
1	William WATSON  IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. IN	Margaret H.	ANNON	Addre	44			
1	(Yes, no. or unknown) (If yes, give wor or dates of service)	/xx	Mrs. Margar	et Weten		11 -	abov	0	
	Yes   WWI   18. CAUSE OF DEATH [Enter only one couse per lin	110110	THE P. PAISAL	0 110 030	'A BUILK	- 11	TERVAL BE		
1	PART 1. DEATH WAS CAUSED BY:		0		4		NSET AND		
١	162   IMMEDIATE CAUSE (o)	nevenasmic	Carcino	war m	110				
i	DUE TO	netostaso.					1 10	1	
á	Conditions, if ony, which gove rise to immediate (b)	Ma load laster					129	6.	
9	couse (o), stoting the <u>under-</u> lying couse lost.					4-01	//	1	
	/ (0)	CONTRIBUTING TO DEATH BUT I	NOT RELATED TO THE TERMIN	NAL DISEASE CON	DITION GIVE	N IN PART 1(o)	19. WAS	AUTOPSY	
9	Tight						PERFO	RMED?	
	OR CONTRIBUTING CAUSE OF DEATH	CRIBE HOW INJURY OCCURRED	. (Enter nature of injury in P	ort I or Part 11 of	item 18.)				
			CE OF INJURY (Home, form, ory, street, office bldg., etc.)	20f. (City or to	vn)	(Count	y)	(Stote)	
d	Hour o. m. While of world worl	k of work	ory, shoot, office blug., etc.						
	21. I certify that I attended the decease	ed fram December 2	9 , 19 58, to Fe	bruary 1	0. 19 59	that I last	saw the	decease	
	alive an February 10 , 19								
1		1000		ADDRESS (Street, o				ATE SIGNE	
	SIGNATURE Douglas R	· Roed "	U. S. Nav	al Hospi	tal, M	NMC	2-11	-59	
	PHYSICIAN'S Douglas R. KOTH,	LT, MC, USN	Bethesda	14, Mary	land				
	220. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY OR		22d. LOCATION (		county)	(Stot	e)	
	Burial (Specify) 2-13-59	Arlington Na		Arlingto			irgin		
	23 LUNERALDINECTOR'S SIGNATURE Les CO	1 CLAUDRESS	Delication of the second of th	BY REGISTRAR		RAR'S SIGNAT			
	W.W.CHAMBERS FUNERAL HOME,	, 517 11th St.S	E, Wash. DATE	1 3 '59	Cirth	47 S. Tha	ra.		

prol director, se filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death.: Page 4 moy be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by page 3 should be delached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 the registrar prior to burial, cremation, or remayal, and in any event within 72 hours after death. VS A15 (4) 15M 10/57

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00957

	2101		CERTI	FIC/	ATE OF D	EATH	Н		Reg. Di	st. No.	215	
1. PLACE OF DEATH o. COUNTY Montgomery	6105		MARY	LAND	2. USUAL RESIDE		here deceased l	lived. If instituti b. COUNTY Nontge		ce before	admissi	on)
Bethesda (	Rural)		c. LENGTH OF STAY	IN 16		OWN (If o	outside corporo	te limits, write R		give near	est town	)
d. NAME OF HOSPIT OR INSTITUTION U. S. Nava	AL (If not in hospitol, o	give street	oddress)		/ d. STREET A		view Av	e.		е	ON A	
3. NAME OF DECEASED (Type or print)	Pau	1	Middle Richat	-	WEBB		4. DATE OF DEATH	Febr		Doy 2		eor 959
s. sex Male	6. COLOR OR RACE		D DIVORCED		8. DATE OF BIRTH		9.	AGE (In years lost birthdoy) 74 yrs.	IF UNDER Months	1 YEAR I	Hours	R 24 HRS. Min.
10a. USUAL OCCUPATIO during most of work Food Broke 13. FATHER'S NAME	N (Give kind of work ing life, even if retired	done 10b.			STRY 11. BIRTHPL	ACE (Stote				IZEN OF		COUNTRY
Patrick R.  1s. WAS DECEASED EVER (Yes. no. or unknown) No	***************************************	ervice)	social security no. 06-05-6178	17. II	Jennie NFORMANT John J.		B. same	Add	ess above			
PART I. DEA' 356./ Conditions, if or gove rise to in couse (o), stoting to	TH WAS CAUSED BY: IMMEDIATE CAUSE (c  DUE TO  Try, which (b) Inmediate (	(d)	metor (o), (b), and (c).]  Mush by  Mys-trops	ria hie	Sate	eal	Sch	roew		INTER	ilay	WEEN
CAT	S UNDERLYING FT	DITIONS C	ONTRIBUTING TO DEA						EN IN PART		WAS A PERFOR	MED?
20g. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY) 20c. TIME OF INJURY Hour o. m. p. m.		20d. IN		20e. PL/	ACE OF INJURY (Floory, street, office	lome, form	, 20f. (City o		(C	County)		(Stole)
ACTUAL SIGNATURE PHYSICIAN'S		19.5	ed from Januar 2 and that MC, USN	death	accurred at 7	:55 A	M, from	the causes a et, city or town, pital, l	nd on th	ne date	state	d abave
270. BURIAL, CREMATION REMOVAL (Specify) Burial-Ship	ment 2-3-5		22c. NAME OF CEME	ivet	RCREMATORY		22d. LOCATIO	ON (City, town, o	or county)	New	(Stote)	
S. H. HTNES	/	14th	ADDRESS St. NW. Was	zhin			D BY REGISTRA	R 24b. REGIS	TRAR'S SIG	NATURE		CAT.

death. Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the process of shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar priar to burial, cremation, or remayal, and in any event within 72 haurs, after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after VS A15 (4) 15M 10/57

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			v	THE SELECTION OF THE SERVICE OF THE	
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	THE STATE OF	THE PERSON	Ciud-III		
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		all of the one of			
E - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	the Edward Transfer of	) 1	SC. 102 1921		4.75
			S Design	1 7 1 70 -	
** ** ** ** ** ** ** ** ** ** ** ** **					
LICE CONTRACTOR	L. I distance L				
		Action 12	The Special	- L	137
					Jan I
	Resident District Control	mine . miss			

VS A1S (4) 15M 9/SS MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

0	2	1	4	8	
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7	6016	Reg. Dist. No.
	1. PLACE OF DEATH O. COUNTY Hontgomery MARYLAND	USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission)     b. COUNTY
	b. CITY OR TOWN (If outside corporate limits, write RURAL-and give nearest town)  1 9 10 11 15 1	c. CLTY OR TOWN (If autside carparate limits, write RURAL and give nearest town)
	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION ( 286 ington San Haring Hosp	d. STREET ADDRESS  Of Geoloia AVE, M.W. YES NO
1	3. NAME OF DECEASED (Type or print) HEYEN EFRAINS	Lost 4. DATE Month Day Year OF DEATH 2 - 19-19-59
	5. SEX   6. COLOR OF RACE   7. MARRIED   NEVER MARRIED   WIDOWED   DIVORCED	B. DATE-OF BIRTH  9. AGE (In years   IF UNDER 1 YEAR IF UNDER 24 birthdoy)  Wonths Days Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUS during most of working life, even if retired)	STRY 11 SIRTHPLACE (Signs or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	Morton Weiner	14. MOTHER'S MAIDEN NAME
	(Yes, no. or unknown)   (If yes, give war or dates of service)	strington Sanitarium Hosp, Record
	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  Acutt Co-	nofetine Pauluse Interval Between ONSET AND DEATH
	Conditions, if ony, which gave rise to immediate DUE TO  DUE TO  Conditions, if ony, which gave rise to immediate DUE TO	your dial infarction 2 hrs
Ę,	lying couse last. (c) (c)	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
	Mara	PERFORMED? YES NO
		). (Enter nature of injury in Part I or Port II of item 18.)
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. m. While of work of work	CE OF INJURY (Hame, farm, 20f. (City or town) (Caunty) (State) tary, street, affice bldg., etc.)
	21. I certify that I attended the deceased fram. February alive an February 1959, and that death	accurred at 6 A M, from the causes and an the date stated above.
	SIGNATURE Lach to Tatten	N.D. Slott Collegelle Port 2-19-
	PHYSICIAN'S KALPHE PATTER	Silver Spring Dry
CALCOLURA TO	225- BURIAL, CREMATION, 226. DATE THEREOF 22 NAME OF CEMETERY OF SECULISY ME	emoid (en Hattswille Ma
	23. FUNERAL DIRECTOR'S SIGNATURE Soldberg Funeral Thme 4217 9th	MWD Ate FEB 2 4 '59

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

**CERTIFICATE OF DEATH** 

02149

								Keg. Di	ST. NO.		
1. PLACE OF DEATH a. COUNTY	Montg.		MARY		o. STATE	-	l lived. If institut b. COUNTY	1	nce before	e admissi	ion)
b. CITY OR TOWN (I RURAL ond give no	f autside carporate limit earest tawn)	U	c. LENGTH OF STAY	IN 1b	C. CITY OR TOWN (IF	autside córpo	rote limits, write l	RURAL and	give near	est lown	)
	irksburg.	112	Rural	X	Clarksbu	re	Rural				
d. NAME OF HOSPIT OR INSTITUTION	AL (If not in haspital, gi	ve street o	address)		d. STREET ADDRESS						FARM?
3. NAME OF DECEASED (Type or print)	Louis		Middle Phonas		ihite	4. DATE OF DEATH	Feb	nth 21	Doy		rear 19 59
5. SEX	6. COLOR OR RACE	7. MARRI	ED NEVER MARRI		ATE OF BIRTH	005	9. AGE (In years last birthday)	Manths	Days Days	Hours	R 24 HRS. Min.
10a. USUAL OCCUPATION	ON (Give kind of work d			100		ar foreign co	1.31	1 2	FIZEN OF	WHAT	COUNTRY
during mast at wark	(ing life, even if refired)		hodd Boa		ACAT N		(h. (1		T 0	,	COCITIAN
13. FATHER'S NAME	) Y2	100	11000		Spartan		, N. G,		3	f-	
.1.0	nes A. Wh	ite			Georg		Nealv				
15. WAS DECEASED EVE	R IN U. S. ARMED FORCE		OCIAL SECURITY NO	. 17. INFO	RMANT			dress			
		,		F	rances L.	Whit	e. 30	vds 4	2	d.	
	TH (Enter only one country one CAUSED BY: IMMEDIATE CAUSE (a)	se per line	e for (a), (b), and (c).	in	ey Car	cem	mo	(	INTE	ET AND	TWEEN DEATH
Canditions, if a gave rise to it	mmediate (U).	*	louc	ens	ma los	Le,			2	n	
lying cause last.	the under- C(c)										
CATI	ER SIGNIFICANT COND	ITIONS C	ONTRIBUTING TO DE	ATH BUT NO	TRELATED TO THE TERM	INAL DISEASE	CONDITION GI	VEN IN PAR	T 1(a) 19	PERFO	RMED?
200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY O	CCURRED. (E	nter nature of injury in	Part 1 or Part	II of item 18.)				
20c. TIME OF INJUR Haur o. m. p. m.	Y Manth, Day, Year 19	20d. IN While at wark	JURY OCCURRED  Not while of work	20e. PLACE factory	OF INJURY (Home, farm, street, affice bldg., etc	20f. (City	or tawn)	((	County)		(State)
ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	at I attended the	. 19		death oc	San	Ly H	the causes of reet, city ar town,	, state)		e state	
220. BURIAL CREMATIO REMOVAL (Specify) Burial	2-25-59	-			ethodist	22d. LOCAT	ON (City, town,		Wd.	(State	•)
23. FUNERAL DIRECTOR'S	s signature fac	luer	- Garth	inte	ug Ma DATE	D BY REGIST		Chur &	Frank		

TO HOSPITAL OR ATTENDING PHYSICIAN: The flow requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained to the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the profile page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shearer efficied with the registrar prior to burial, cremation, or removal, and in any eventuality 72 hours after death.

VS A1S (4) 1SM 10/S7

<b>国</b> 阿拉维斯特	and the same of		

# FOR STATE HEALTH DEPT.

Page files. O DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is neces execute the certificities the word "pending" in penal in Item, 18. Give Pages 1, 2, and 3 to the funeral direct should be farwarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for a Pruneral DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board or its designated agent, prior to burial, cremation, ar removal, and in age event within 72 hours after death.

-	-
VS.	A15ME
5A	A 2/57

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	2019							Reg. L	HST. NO		
1. PLACE OF DEATH o. COUNTY	Montgomery	577	MARY	LAND	2. USUAL RESIDENCE (W	Vhere decea	sed lived. If instit b. COUN		lence bel	fore adm	nissian)
b. CITY OR TOWN	It outside corporate limits, write	RURAL	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (IF	outside cor	porote limits, write	RURAL on	d give n	eorest to	own)
Rockville	8		9 mos.		Way				75	X	3
d. NAME OF HOSPI	TAL OR INSTITUTION (I	f not in hos	pital, give street addres	s}	d. STREET ADDRESS				/		ESIDENCE
	ut Lodge Sar	1.			321 S. Coun	ty Li	ne Rd.				A FARM?
3. NAME OF DECEASED (Type or print)	Elisabet	h F	112	hitm	ore	4. DATE OF DEATH	Feb.	12, 3	Doy 1959		Year 19
female	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED DIVORCED		10/8/33		9. AGE (In years lost birthday) 25 yrs.	Months	Doys	Hours	ER 24 HRS. Min.
100. USUAL OCCUPATI during most of worki HOUSEW	ing_lite, even it relired)	lone 10b. K	IND OF BUSINESS OR	INDUSTR	11. BIRTHPLACE (Stole	or foreign (	country)	12. CIT	USA	WHAT	COUNTRY
13. FATHER'S NAME					14. MOTHER'S MAIDEN N	IAME					
Dr. Jay	y B. Rudolph	ly			Edith		Rondine	ella			
15. WAS DECEASED EN [Yes, no, or unknown)	VER IN U. S. ARMED FOI I (if yes, give war or dates of t		SOCIAL SECURITY NO.		rormant anatarium Re	cords	Addres	1			
974	ATH [Enter only one country was caused by: IMMEDIATE CAUSE (o) DUE TO	A	sphyxia						ONSE	VAL BETW T AND DE	ATH
Conditions, If a gave rise to imme (a), stating the couse last.	underlying DUE TO	Heng									
PART II, OT					OT RELATED TO THE TERMI			VEN IN PAR		P. WAS PERFO	AUTOPSY ORMED?
					ter noture of injury in Part ith stocking						
20c. TIME OF INJU		While	NJURY OCCURRED 20 Not white of work	ractor	OF INJURY (Home, form, y, street, office bldg., etc.)		or town) Rockville		unly)	M	(Stote)
	hot I took charge resulted from: N				e, held on Autopsy ], Suicide 🛅, F	-	nspection 🔼		· hand		d in my
ACTUAL SIGNATURE	Frank J.	Bur	rehart	_	M.D. CHIEF MEDICAL EX			0/30	/3.05		IIGNED
EXAMINER'S NAME (Type)	Frank & E	rosch	art		DEPUTY MEDICAL E		_	2/12	2/199	9	
220. BURIAL, CREMATIC REMOVAL (Specify Bur-trans)	t 2/14/59		22c. NAME OF CEMETE South Laur				TION (City, town, adelphia		nsyl	(Stol	
23. FUNERAL DIRECTO			ADDRESS			BY REGIST	RAR 245. REGI	STRAR'S SIG	-		
Robert A. P	Pumphrey-7	557W	is. Ave. Be	thes	da, Md DAWEEB	1 8 '59	art	hur S. 1	Traces		

MERITARIO STATE DEPARTMENT OF HEALTH — BRITINGS SELECTED AND SELECTED OF DEALTH

STATE NO.

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Hobert A. Prangings-7557 vis. Betagasta, A. Fredolf

VS A15 (4) 15M 10/57

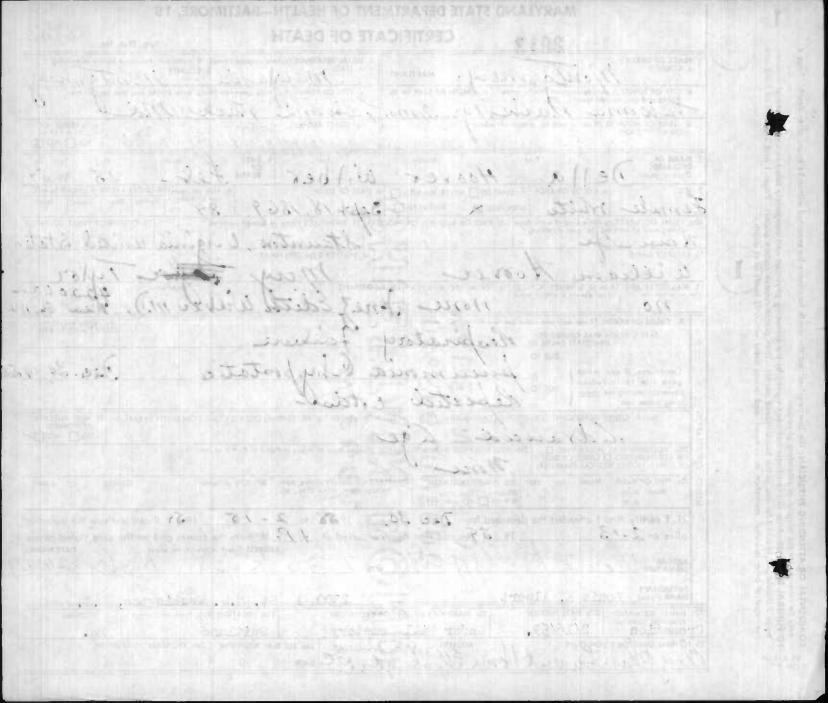
MARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE,	18
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2166 CERTIFICATE OF DEATH

02151 Reg. Dist. No.

1. PLACE OF C		gomery		м	ARYLAND	2. USU AL RES a. STATE		yland	d lived. If institu b. COUN		ence before		
	nd give negrest	de corporate limi town) S &	ts, write	c. LENGTH OF S	TAY IN 1b		vy Ch		rate limits, write	RURAL one	d give near	rest town	)
d. NAME O OR INSTI	ITUTION	not in hospitol, g				/ d. STREET / 321		rnap	ple St	reet			DENCE FARM? NO [2]
3. NAME OF DECEASED (Type or pri	int)	Lat	ra	, Mai	asur	Wig		4. DATE OF DEATH	Feb	onth	23 °		eor 9 59
5. SEX femal		olor or RACE white	7. MARI	RIED NEVER MA	RRIED	8. DATE OF BIRT 6/22	/186	3	9. AGE (In year lost bighday	Months	Doys Doys	Hours	R 24 HRS. Min.
10a. USUAL Or during mo HOL	CCUPATION (G st of working li as ewif	ive kind of work e, even if retired	done 10b.	KIND OF BUSINES	S OR INDU		ine	or foreign c	ountry)	12. 0	ITIZEN OF	WHAT	COUNTRY?
13. FATHER'S N	NAME					14. MOTHER'S	MAIDEN	AME					
Mon	rriall	Mansu	?			I	antha	a Wal	ker				
15. WAS DECE  Yes, no. or unknown		J. S. ARMED FOR give war or dates of s		SOCIAL SECURITY		NFORMANT Ildred	W. S	Syfri	g -321		orna	pple	e St.
Candition gove ri couse (o) lying can	ons, if ony, we see to immed, storing the unuse lost.	higher DUE TO	)	Celve	ne	ed	0	set					
TY I	RT II. OTHER SI	S wh	DITIONS (	contributing to	Color BUT	NOT RELATED TO	tez	NAL DISEAS	E CONDITION O	SIVEN IN PA	ART 1(o) 19	PERFO	NO
OR CONTI	DENT WAS UN RIBUTING [] C. NOTIFY MEDI-	DERLYING [] AUSE OF DEATH CAL EXAMINER)	20b. DES	CRIBE HOW INJUR	Y OCCURRE	D. (Enter noture o	of injury in I	Port I or Por	t II of item 18.)				
	OF INJURY Mar o.m. p.m.	onth, Day, Yes	While of war	NJURY OCCURRED  Not while  t of work	20e. PL/ foo	ACE OF INJURY ctory, street, office	(Home, form e bldg., etc	, 20f. (City	or town)		(County)		(State)
21. I ce alive on actual signatur PHYSICIAP NAME (Ty	RE J	ottended the L23 ohn V.	19.3	o and	hat death	accurred at	done it is	M, from	n the causes treet, city or tow	and an	l last sa the date	e state	deceased above.
220. BURIAL, C REMOVAL BUP	REMATION, 2.	2/26/5		Fort L		r CREMATORY n Ceme	tery	The same of the same	nce Ge			(Stote	y Md.
23. FUMERAL D	H. He	NATURE CO	2	ADDRESS H	SINW	Was 49	1	D BY REGIST	RAR 24b. REG	GISTRAR'S	SIGNATUR		

	T PROTUTERS	Migurana and alim	DATE AND THAT	E DIVALIFIAM S	
			CERTIFICA	33181	
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	in the Karbert	Complete Com			



	HOLY	CERTIFICA	AIE OF DEATH		Reg. Dist. No.
1.	PLACE OF DEATH o. COUNTY Montgomery	MARYLAND	2. USUAL RESIDENCE (Whe	b. COUNTY	on: Residence before admission)
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If ou	stside corporate limits, write R	URAL and give nearest town)
-	d. NAME OF HOSPITAL (If not in hospital, give street	oddress)	Silver Spri	ng, 56	e. 15 RESIDENCE
L	Washington Sanitar	inm	1714 Grid	lev Lane.	ON A FARM? YES NO
3.	NAME OF DECEASED (Type or print) Infant Bou	Middle	Wilson	4. DATE Mon OF DEATH	9 1959
5.	male 6. COLOR OF RACE 7. MARR		B. DATE OF BIRTH 2-9-59	9. AGE (In years last birthday) yrs.	Months Days Hours Min.
100	1. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stole of	1	12. CITIZEN OF WHAT COUNTRY
13.	FATHER'S NAME		14. MOTHER'S MAIDEN N		N - //
	James Reynolds Wil	son, Jr.	Mary Jan	e Shanks	
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. 10. or unknown) (If yes, give war or doles of service)		other's Chart	Add	ress
	18. CAUSE OF DEATH [Enter only one couse per lin PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	ne for (a), (b), and (c).	Calus		INTERVAL BETWEEN ONSET AND DEATH
	752× DUE TO	1			1 min.
	Conditions, if ony, which gove rise to immediate couse (o), stating the <u>under-lying</u> couse lost.				
CATION	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	HAL DISEASE CONDITION GIV	/EN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
CERTIFI	20g. ACCIDENT WAS UNDERLYING   20b. DESC OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Pa	ort 1 or Part 11 of item 18.)	
MEDICAL	20c. TIME OF INJURY Month, Day, Yeor 20d. It Hour a.m. 19 White of world.	_ Not while fo	ACE OF INJURY (Home, form, ctory, street, office bldg., etc.)	20f. (City or fown)	(County) (State)
	21. I certify that I attended the decease				
	alive an, 12	, and that death		M, fram the causes of DDRESS (Street, city or lown,	and on the date stated above
	ACTUAL SIGNATURE Valgene M	1. Multes	10. 9.	25 Pershine	Dr. Silver
	PHYSICIAN'S NAME (Type) Valgane M. Milst.	ead, M. D. 925	Pershing Dr.	Silver Seri	Spring; mx.
220	BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)	22c. NAME OF CEMETERY O		22d. LOCATION (City, town,	1 - 7 (1 - 1 )
	FUNERAL DIRECTOR'S SIGNATURE	Washington S	anitarium and	BY REGISTRAR 246. REGIS	Park, Md.
23.	Robert A. Hare, M. D. Wa		-	ER 1 1 '59	STRAR'S SIGNATURE
		THE THE TAIL TO STATE OF THE TAIL THE	ATTIM AND HOS	o. Takoma Par	K, MO.

may be retained by the haspital or attending physician.

2 FUNERAL DIRS, CR: After this certificate has been signed by the attending physician and completely filled in by the page 3 should be deached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be deached far use as the burial-transit permit. Then please remave carbon papers. the registrar prior ta burial, cremation, ar removal, and in any event within 72 hours after death. TO HOSPITAL OR may be retained TO FUNERAL DIRE VS A15 (4) 15M 10/57

heral director,

ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

director, iled with Poge death. erol physician TO FUNERAL DI page 3 shauld

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CERTIFICATE OF DEATH	
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# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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	216	88	CERT	IFICA	TE OF DEATH	1		Reg. Dist	. No.
1. PLACE OF DEATH o. COUNTY Mon	tgomery		MAR	YLAND	2. USUAL RESIDENCE (Who. STATE Maryla		d. If institution b. COUNTY		e before admission) ntgomery
b. CITY OR TOWN ( RURAL ond give r  Bethesda	(If outside corporate limi nearest town) L		c. LENGTH OF STA		c. CITY OR TOWN (If o		imits, write RUI	RAL ond gi	ve nearest town)
OR INSTITUTION	ITAL (If not in hospitol, g			Md	d. STREET ADDRESS R.F.D. # 1				e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Margare	st	Middle Elizab	le	Woodfield	4. DATE OF DEATH	Month Februar		Doy Yeor 25, 19 59
s. sex Female	6. COLOR OR RACE	7. MARRI WIDOWE	ED NEVER MARE		B. DATE OF BIRTH	lo			YEAR IF UNDER 24 HR
None (St	ION (Give kind of work rights of the life, even if retired udent)	done 10b. I	None				1)		S. A.
	Woodfield ER IN U. S. ARMED FOR If yes, give wor or dates of s	ervice)				Zimmerma dical Re	cordAddres		
18. CAUSE OF DE	ATH [Enter only one co ATH WAS CAUSED BY: IMMEDIATE CAUSE (o	use per lin		:).]	The Clinical intestinal he			a 14	INTERVAL BETWEEN ONSET AND DEATH 2 days
Conditions, if c gove rise to couse (o), stoting lying couse lost.	the under-	, 5	Systemic I	upus	Erythematosi	S			2 years
_	. 10	DITIONS C	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CO	NDITION GIVEN	N IN PART	1(o) 19. WAS AUTOPSY PERFORMED? YES NO
20a. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING AS CAUSE OF DEATH AMEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY	OCCURRED	). (Enter noture of injury in P	Part I or Port II of	item 18.)		
20c. TIME OF INJUI Hour o. m. p. m.	RY Month, Day, Yes	While	Not while of work	20e. PLA fac	CE OF INJURY (Home, form, fory, street, office bldg., etc.	, 20f. (City or to	own)	(Ce	ounty) (State
21. I certify the alive on Feb.  ACTUAL SIGNATURE  PHYSICIAN'S NAME (Type)	hat I attended the ruary 25  haules  Charles R.	19.5	Gracke	ary 2	National	PoM, from the ADDRESS (Street,	e causes an city or town, sta nter utes of	d an the	e date stated aba DATE SIGN 2-25-59
Burial (Specify			22c. NAME OF CEA		ca Baptist	22d. LOCATION	(City, lown, or	ove.	(Stote)
23. FUNERAL DIRECTOR	L. Wolsen	nth	ADDRESS	ascu	Md. DATE	BY REGISTRAR	24b. REGISTI		

VS A1S (4) 15/A 10/57

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ARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE,	18
169	CERTIFICATE	OF DEATH	

Reg. Dist. No.

N	2	1	5	1	-
	-	. А	_	,	

1. PLACE OF DEATH O. COUNTY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Howard				
b. CITY OR TOWN (If outside corporate limits, write   c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)				
RURAL and give nearest town) Gaithersburg  17 yrs. 8 mc	. ^				
d. NAME OF HOSPITAL (If not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE				
OR INSTITUTION Asbury Methodist Home	ON A FARM? YES ☐ NO 🔯				
3. NAME OF First Middle	Lost 4. DATE Month Day Year				
(Type or print) Emma Virgina	Wright OF DEATH February 28 1959				
5. SEX Wenale 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH  July 21 1870  9. AGE (In years lift UNDER 1 YEAR IF UNDER 24 HRS. Months Pays Hours Min.				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)					
House work	Howard Co., Maryland U. S. A.				
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
A7 hand Wad abd	26				
Albert Wright  15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 1	Margaret Almira Stansfield NFORMANT Address				
(Yes, no. or unknown) (If yes, give wor or dates of service)	NIORMANI AGGRESS				
18. CAUSE OF DEATH [Enter only one cause per line far (a), (b), and (c).]	INTERVAL BETWEEN				
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) mulacanbal	ONSET AND DEATH				
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  493 × DUE TO	. 1				
00210	111				
Conditions, if ony, which gove rise to immediate (b)	a day				
cause (a), stating the under-					
lying couse lost. (c)					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY				
<b>*</b>	PERFORMED? YES NO N				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT  200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH (IF ETHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Part I or Port II of item 18.)				
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED that a.m. p. m. 19 While Not while of work at work	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)				
Haur a. m.  While Not while of work of work	ctory, street, office bldg., etc.)				
21. I certify that I attended the deceased fram.	1957, to 2-28, 1959, that I last saw the decease				
alive an 2-28, 1959, and that death	accurred at 2,50PM, from the causes and an the date stated above				
1 20 110	ADDRESS (Street, city or town, state) DATE SIGNE				
SIGNATURE SQUAL & Florer	MD. 10128 CEDAR LANE 2-28-5				
SIGNATORE.	Kensing Ton, md				
PHYSICIAN'S Sarah E. Glover, M.D.	Kensing low, ind				
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY O	R CREMATORY 22d. LOCATION (City, town, or county) (State)				
REMOVAL (Specify) 3-3-59 III, View	Glenelg. Roward Md.				
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE				
Ernest C. Cartner. Gaithersburg.	oMAR 3 '59 Orthur S. Flower				

risperson of tree and . or Clearly eners authordays remote ATT LE VIEW The second of th mysee hit fallen like. 8-7 2-25 109 2-28 ct 59 color not come 1808 = 1 2-16 139 10128 CEJARKARIE Kensing Ten ind . I. Havo D. Morasa - In H.